

## 2014 CPT Changes

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### CPT 2014 Overview of Changes

- CPT continues to add cross referencing to the parenthetical noted throughout CPT to aid in identifying when services may or may not be reported separately.
- Approx. 31 new codes for 2014 mainly reflect new technologies and refinement of services as the RUC continues to reevaluate codes that have been flagged by CMS for high volume of reporting, high cost, frequently reported together and Harvard valued codes.
- 47 new Category II codes used for reporting quality measures for anesthesia administration, neurologic evaluations and aortic aneurysm severity
- Due to the Government shut down there has been a delay in the release of the final rule which outlines the revenue values associated with new and revalued codes



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### 2014 Summary of Updates

<b>New Codes</b>	<b>175</b>
Revised Codes	107
Deleted Codes	54
<b>Total</b>	<b>336</b>



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### E/M Chapter Specific Changes

- New subsection to describe inter-professional telephone/internet consultations (codes 99446-99449)
- Clarification to the Complex Care Coordination Services Guidelines (99487-99489)
- Clarification to the Transitional Care Management Services Guidelines(99495-99496)

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### NEW Subsection: 99446-99449 Interprofessional Telephone/Internet Consultations

- ▶ 99446 Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
- ▶ 99447 11-20 minutes of medical consultative discussion and review
- ▶ 99448 21-30 minutes of medical consultative discussion and review
- ▶ 99449 31 or more minutes of medical consultative discussion and review

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### Appropriate Usage

- Consultation services between clinician to clinician
- Typically provided in complex/urgent situations where the specific expertise of a clinician is needed
- Consulting clinician must not have seen the patient within 14 days prior to consultation request or 14 days post consultation
- Transfer of care may occur only after the completion of the consultation.
- If the clinician accepts transfer of care prior to, or has seen the patient within the 14 day timeframe, the consultation is not reported.

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### Documentation Requirements:

- Consultation requirements apply, must have a documented request (e.g. order) and written consultation report post verbal discussion
- Time based code requiring more than 50% of the time spent in discussion with the requesting clinician
- Time may be cumulative even if over multiple dates
- The treating (or requesting) clinician may use prolonged face-to-face service codes (99354-99357) if time exceeds 30 minutes or if non face-to-face service is provided 99358 may be reported

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### Cardiology

- Several Parenthetical Notes updated to reflect bundling and reporting directions
- Added terms "when necessary" to descriptions
- Revised introduction language for Intracardiac Electrophysiological Procedures/Studies to define ablation as it relates to the procedures.
- Added cross referencing throughout the chapter to clarify when procedures can and cannot be reported together
- New Category III codes for reporting new subcutaneous defibrillator device evaluations

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### New Codes Cardiology

- ▶ 93582 percutaneous transcatheter closure of patent ductus arteriosus
- ▶ 93583 Percutaneous transcatheter septal reduction therapy

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### Cardiology New Category III Codes

#### Subcutaneous Implantable Defibrillator System

- Code series mirrors the transvenous defibrillator coding series.
  - This code series is used for reporting subcutaneous defibrillator and should not be used for pacing only.
  - Select code based on what was performed; insertion, removal, reposition or interrogation
- Codes 0319T – 0328T

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### Cardiology New Category III Codes

- ▶ 0331T Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment
  - 0332T with tomographic SPECT
- ▶ 0337T Endothelial function assessment using peripheral vascular response to reactive hyperemia, non-invasive, unilateral or bilateral
- ▶ 0338T Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement renal artery(ies), fluoroscopy, contrast injection(s) intraprocedural road mapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed, unilateral
  - 0039T bilateral

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### Cardiothoracic

- New code to describe transcatheter aortic valve replacements (TAVR) with transapical exposure
- New guidelines on how to report TAVR services

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### New Codes Cardiothoracic

- ▶ 33366 transcatheter aortic valve replacements (TAVR) with transapical exposure
  - Previously reported with Category III Code 0318T

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### New Guidelines TAVR

- 33361-33366 Transcatheter Aortic Valve Replacements (TAVR)  
New Guidelines clarify components considered inherent to TAVR procedures:
- Access & approach
  - Access sheath
  - Balloon valvuloplasty
  - Advancement of system
  - Repositioning of valve
  - Deployment of valve
  - Insertion of temporary pacemaker
  - Closure

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### New Guidelines TAVR

- Not included/Bill separately
- Diagnostic angiography when other study is not available or medically necessary
  - VAD support and bypass (report with +33367 or +33368)
- Note: Medicare policies frequently change and may impact bundling

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## Gastroenterology

- 3 Sections had major revisions for 2014
  - o Esophagoscopy (43191–43233)
  - o Esophagogastroduodenoscopy (EGD) (43235–43259, 43233, 43266, 43270)
  - o Endoscopic Retrograde Cholangiopancreatography (ERCP) (43260–43273)
- Clarification of separate Procedures: codes may not be reported with other codes in their respective families and the parent procedures are included

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Esophagoscopy (43191-43233)		
CPT Code	Change	Coding Tip/Impact
43197 & 43198 Esophagoscopy flexible transnasal	New Code Set	<ul style="list-style-type: none"> <li>• Flexible scope</li> <li>• Transnasal approach</li> <li>• Report 43197 for diagnostic</li> <li>• Report 43198 if biopsy taken</li> <li>• Report moderate sedation separately</li> </ul>
43200-43232 Esophagoscopy, flexible, transoral	Revised Code Set	<ul style="list-style-type: none"> <li>• Flexible scope</li> <li>• Transoral approach</li> <li>• Select code based on extent of procedure</li> <li>• Moderate sedation is included</li> </ul>
43213- with retrograde dilation	New Code/replacement	<ul style="list-style-type: none"> <li>• 43456, retrograde dilation was deleted, report with 43213</li> </ul>
43214 & 43233 EGD with balloon dilation	New Code/replacement	<ul style="list-style-type: none"> <li>• 43458, dilation of esophagus with balloon was deleted</li> <li>• Use 43214 for esophagoscopy dilation 30mm or larger</li> <li>• Use 43233 for EGD with dilation 30mm or larger</li> </ul>

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Esophagogastroduodenoscopy		
CPT Code	Change	Coding Tip/Impact
43235-43259- Esophagogastroduodenoscopy, flexible, transoral	Revised Code Set	<ul style="list-style-type: none"> <li>• Moderate sedation is included</li> </ul>
43233- EGD balloon dilation > 30mm	New code within family	
43254- EGD EUS with transmural injection	New code within family	
43254 EGD EMR Endoscopic mucosal resection	New Code/replacement	<ul style="list-style-type: none"> <li>• Previously reported with multiple or unlisted codes (43236, 43244, 43251)</li> <li>• Don't report 43211, Esophagoscopy with EMR or 43254, EGD with EMR, for same lesion</li> </ul>
43266- EGD with placement of stent	New Code/replacement	
43270- EGD with ablation	New Code/replacement	<ul style="list-style-type: none"> <li>• Replaces 43258, endoscopy with ablation</li> </ul>

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Endoscopic Retrograde Cholangiopancreatography (ERCP)		
<ul style="list-style-type: none"> <li>Revised intro section. Have to view one of the ductal systems in order to report ERCP. Otherwise report using EGD</li> </ul>		
CPT Code	Change	Coding Tip/Impact
43260-43273- ERCP	Revised Code Set	<ul style="list-style-type: none"> <li>Includes new text to guide user on what is bundled and what may be reported separately</li> </ul>
43274- stent placement	New Code/replacement	<ul style="list-style-type: none"> <li>43267, insertion of nasobiliary or nasopancreatic drainage tube was deleted. Report using 43274</li> </ul>
43275- Foreign body removal of stent removal	New Code/replacement	<ul style="list-style-type: none"> <li>43269, removal of foreign body and/or change of stent/tube was deleted. Report using 43275</li> <li>Report for removal only, per stent</li> </ul>
43276- Removal and exchange of stents	New Code/replacement	<ul style="list-style-type: none"> <li>43269, removal of foreign body and/or change of stent/tube was deleted. Report using 43276</li> <li>Report for removal and exchange, per stent</li> </ul>
43277 Balloon dilation	New Code/replacement	<ul style="list-style-type: none"> <li>43271, retrograde balloon dilation was deleted, report using 43277</li> <li>Do not report sphincterotomy, 43262 separately</li> </ul>
43278 Ablation	New Code/replacement	<ul style="list-style-type: none"> <li>43272, Ablation, was deleted. Report using 43278</li> </ul>

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Endoscopy Ultrasonnd (EUS)		
CPT Code	Change	Coding Tip/Impact
43231- Esophagoscopy with EUS	Revised Code	<ul style="list-style-type: none"> <li>Report when extent of exam is esophagus</li> </ul>
43232- Esophagoscopy with EUS & FNA	Revised Code	<ul style="list-style-type: none"> <li>Report when extent of exam is esophagus</li> </ul>
43237- EGD with EUS	Revised Code	<ul style="list-style-type: none"> <li>Report when extent of exam is the esophagus, stomach, or duodenum and adjacent structures</li> </ul>
43237- EGD with EUS & FNA	Revised Code	<ul style="list-style-type: none"> <li>Report when extent of exam is the esophagus, stomach, or duodenum and adjacent structures</li> </ul>
43242- EGD with EUS & FNA	Revised Code	<ul style="list-style-type: none"> <li>Report when extent of exam is the esophagus, stomach, and either the duodenum or surgically altered stomach where the jejunum is examined</li> </ul>
43259 EGD with EUS	Revised Code	<ul style="list-style-type: none"> <li>Report when extent of exam is the esophagus, stomach, and either the duodenum or surgically altered stomach where the jejunum is examined</li> </ul>
43240- EGD with pseudocyst drainage and EUS	Revised Code	<ul style="list-style-type: none"> <li>Report when the extent of the exam is esophagus, stomach or duodenum and adjacent structures</li> </ul>
43253 EGD with EUS and transmural injection	Revised Code	<ul style="list-style-type: none"> <li>Report when extent of exam is the esophagus, stomach, and either the duodenum or surgically altered stomach where the jejunum is examined</li> </ul>

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### 2014 Crosswalk table

Endoscopic Mucosal Resection (EMR)			
Procedure	Old Code(s)	New Code	Moderate sedation
Esophagoscopy with EMR	43201 - Injection 43205- Band ligation 43217- Snare	43211- Esophagoscopy/ EMR	Included
EGD with EMR	43236- Injection 43244- Band ligation 43251- Snare	43254- EGD with EMR	Included
Stent Placement			
Procedure	Old Code(s)	New Code	Moderate sedation
Endoscopy with stent placement	43219- stent or tube placement 43220 Dilation or 43226 Dilator over guide wire	43212- Esophagoscopy with placement of endoscopic stent	Included
EGD with Stent	43256- Upper GI Endoscopy with stent 43249- Dilation	43266- EGD with Stent	Included
ERCP with Stent	43268- ERCP with Stent 43262- Sphincterotomy 43271- Dilation	43274- ERCP with stent	Included

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## Breast Biopsy

- ▶ New codes for imaging modality and each has one add on code. Code based on imaging tactic and if subsequent placements
- Imaging of the biopsy specimen is bundled

- ▶ Breast biopsies are categorized by guidance utilized:

- Stereotactic guidance
- Ultrasound guidance
- MRI Guidance
- Each guidance code has an add-on code to describe additional lesions biopsied

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19081 Biopsy breast with placement of breast localization device, when performed, percutaneous, first lesion including stereotactic guidance	New code	<ul style="list-style-type: none"> <li>• Performed percutaneous</li> <li>• First lesion biopsied</li> <li>• Stereotactic guidance</li> </ul>
+19082 each additional lesion, including stereotactic guidance	New code	<ul style="list-style-type: none"> <li>• Performed percutaneous</li> <li>• additional lesion biopsied</li> <li>• Stereotactic guidance</li> </ul>
19083 Biopsy breast with placement of breast localization device, when performed, percutaneous, first lesion including ultrasound guidance	New code	<ul style="list-style-type: none"> <li>• Performed percutaneous</li> <li>• First lesion biopsied</li> <li>• Ultrasound guidance</li> </ul>
+19084 each additional lesion, including ultrasound guidance	New code	<ul style="list-style-type: none"> <li>• Performed percutaneous</li> <li>• Additional lesion biopsied</li> <li>• Ultrasound guidance</li> </ul>
19085 Biopsy breast with placement of breast localization device, when performed, percutaneous, first lesion including magnetic resonance guidance	New code	<ul style="list-style-type: none"> <li>• Performed percutaneous</li> <li>• First lesion biopsied</li> <li>• Magnetic resonance guidance</li> </ul>
+19086 each additional lesion, including magnetic resonance guidance	New code	<ul style="list-style-type: none"> <li>• Performed percutaneous</li> <li>• Additional lesion biopsied</li> <li>• Magnetic resonance guidance</li> </ul>
19281 Placement of breast localization device, first lesion including mammographic guidance	New code	<ul style="list-style-type: none"> <li>• No imaging guidance provided</li> </ul>
+19282 each additional lesion including mammographic guidance	New code	<ul style="list-style-type: none"> <li>• No imaging guidance provided</li> <li>• Additional lesion biopsied</li> </ul>

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Lungs and Pleura		
32674 Thoracoscopy video assisted thoracic surgery	Revision to parentheticals	Revision to parentheticals include services that may be reported in addition to thoracoscopy video assisted thoracic surgery: <ul style="list-style-type: none"> <li>• Chest wall excisions (19260)</li> <li>• Intrathoracic (31760)</li> <li>• Carinal reconstruction procedure (31766)</li> </ul>
		<ul style="list-style-type: none"> <li>• Excision of tracheal tumors (31786)</li> <li>• Thoracotomy procedures (32096-32200)</li> <li>• Pulmonary decortication and pleurectomy (32220, 32225, 32310, 32320)</li> <li>• Lung removal (32440-32491)</li> <li>• Lung wedge resection procedures</li> <li>• Thoracic surgical procedures</li> </ul>

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Hemic and Lymphatic Systems		
38746 Thoracic lymphadenectomy	Revised Parentheticals	Revision to parentheticals include services that may be reported in addition to lymphadenectomy: <ul style="list-style-type: none"> <li>• Chest wall excisions (19260)</li> <li>• Intrathoracic (31760)</li> <li>• Carinal reconstruction procedure (31766)</li> <li>• Excision of tracheal tumors (31786)</li> <li>• Thoracotomy procedures (32096-32200)</li> <li>• Pulmonary decortication and pleurectomy (32220, 32225, 32310, 32320)</li> <li>• Lung removal (32440-32491)</li> <li>• Lung wedge resection procedures</li> <li>• Thoracic surgical procedures</li> </ul>

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### Neurology/Neurosurgery

- ▶ 6 new codes for Chemodenervation (see table below)
- ▶ Code 64615 Chemodenervation clarified to indicate this code is used for chronic migraines. Do not report any other chemodenervation code for same session. May report guidance (+95873 or +95874) when performed
- ▶ Intraoperative Neurophysiology Guidelines: 95940 & 95941. Guidelines clarify when counting the time. Not to be used for set up or baseline testing. Only when intra-service work when procedure is being done and stops when procedure is completed. Time is cumulative spent in intraoperative monitoring providing one-on-one time in the operative room.

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### Deleted Chemodenervation Codes

- ▶ **64613** Chemodenervation of muscles, neck muscle(s)
- ▶ **61614** Chemodenervation of extremity(s) and/or trunk muscle(s)

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CPT Code	Change	Coding Tip/Impact
64636 Chemodenervation of muscles, neck muscles, including muscles of the larynx	New Code	Chemodenervation of neck muscles excludes brachy. <ul style="list-style-type: none"> <li>Unilateral procedure, report modifier 50 for bilateral</li> <li>Can be used with guidance codes 95978 (limb) and 95974 (neck) by needle EMG or muscle electrical stimulation</li> </ul>
64637 Chemodenervation of muscles, larynx	New Code	Chemodenervation of the larynx <ul style="list-style-type: none"> <li>Unilateral procedure, report modifier 50 for bilateral</li> <li>Guidance is bundled</li> <li>If performed by direct laryngoscope see codes 31250 laryngoscopy, direct with injection into vocal cords</li> </ul>
64642 Chemodenervation of one extremity, 1-4 muscles	New Code	<ul style="list-style-type: none"> <li>Report for first extremity (e.g. left arm) when 1-4 muscles have been injected</li> </ul>
64643 each additional extremity, 1-4 muscles	New Code/add on	<ul style="list-style-type: none"> <li>Report in addition to 64642 or 64644 for additional extremity (e.g. right arm) when 1-4 muscles have been injected</li> </ul>
64644 Chemodenervation of one extremity, 5 or more muscles	New Code	<ul style="list-style-type: none"> <li>Report for first extremity (e.g. left arm) when 5 or more muscles have been injected</li> </ul>
64645 each additional extremity, 5 or more muscles	New Code/add on	<ul style="list-style-type: none"> <li>Report in addition to 64642 or 64644 for additional extremity (e.g. right arm) when 5 or more muscles have been injected</li> </ul>
64646 Chemodenervation of trunk muscles, 1-5 muscles	New Code	<ul style="list-style-type: none"> <li>Report for injection(s) into 1-5 trunk muscles</li> </ul>
64647 Chemodenervation of trunk muscles, 6 or more muscles	New Code	<ul style="list-style-type: none"> <li>Report for injection(s) into 6 or more trunk muscles</li> </ul>

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## Ophthalmology

- Minimal changes within Ophthalmology, however several parenteticals were updated to add cross references for new temporary codes and to account for the deletion of the complex repair code (13150)
- Ophthalmology will use the new chemodenervation codes as appropriate

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CPT Code	Change	Coding Tip/Impact
0207T Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	New Code	<ul style="list-style-type: none"> <li>Unilateral Code</li> <li>Do not use this code to report trachoma, use 68040, expression of conjunctival follicles for trachoma</li> </ul>
0329T Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral with interpretation and report	New Code	<ul style="list-style-type: none"> <li>Report when monitoring is 24 hours or longer, if under 24 hours report service with 91000, serial tonometry</li> </ul>
0330T Tear film imaging unilateral or bilateral with interpretation and report	New Code	<ul style="list-style-type: none"> <li>Report for 3D film and interpretation and report</li> </ul>
0333T Visual evoked potential screening of visual acuity automated	New Code	<ul style="list-style-type: none"> <li>This procedure is used to test visual acuity and is used a screening tool primarily with children</li> <li>Do not report for visual evoked potential testing central nervous system, use 95930</li> </ul>

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## Orthopedics

- ▶ Changed the descriptions throughout the section as "malignant tumor" was an ambiguous term, so the example provided lists "sarcoma".
- ▶ Added parentheticals throughout the chapter alerting user to report resection of connective tissue tumors with 11400-11646 code range.
- ▶ Bolded items throughout the chapter draw attention to when components are included or are separate. For example: **humeral or ulnar component or humeral and ulnar component**
- ▶ New guidelines on excision of **subcutaneous soft connective tissue tumor** code is based on location and size of the tumor. Included in this category are tumors confined to the subcutaneous tissue below the skin but above the deep fascia (use code range **11400-11446**)
- ▶ New guidelines on radical **resection of soft connective tissue tumors** is based size and location of tumor. Included in this category are tumors that include radical resection that may involve removal of tissue from one or more layers. Most commonly used for malignant tumors or very aggressive benign tumors. (use code range **11600-11646**)

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CPT Code	Change	Coding Tip/Impact
23331 Removal of foreign body, shoulder subcutaneous & 23332, deep	Deleted for 2014	3 new codes (23333-23335) added to delineate between removal of foreign body and prosthesis
23330 Removal of foreign body, shoulder subcutaneous 23333, deep	New code	<ul style="list-style-type: none"> <li>Report 23333 for deep removal of a foreign body in the shoulder</li> </ul>
23334 Removal of prosthesis, includes debridement and synovectomy when performed, humeral or glenoid 23335 humeral and glenoid	New codes	<ul style="list-style-type: none"> <li>Report 23334 for 1 component removed</li> <li>Report 23335 for total shoulder removal</li> </ul> <p>NOTE: Do not use these codes to report revisions</p>
0034T Percutaneous arthrodesis for degenerative conditions as there is no fracture reduction	New code	New parenthetical added under codes 27216, 27218 and 27280 for new form of percutaneous/minimally invasive stabilization for arthrodesis of the sacroiliac joint without fracture and/or dislocation use 0334T
<b>Casting and strapping</b>		
29581 Application of multi-layer compression system, leg, including ankle and foot 29582 thigh and leg	New parenthetical	Do not report application of compression system with venous procedures as it is bundled

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## ENT / Otorhinolaryngology

- ▶ New Esophagoscopy category to describe procedures performed with a rigid or a flexible scope through a transoral or transnasal approach.

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CPT Code	Change	Coding Tip/Impact
90837 Psychotherapy, 60 minutes with patient and/or family member	Parenthetical changes	Clarification: If service is 90 minutes or longer, report psychotherapy and prolonged service when psychotherapy is NOT performed with an E&M service
+90838 Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service	Parenthetical changes	Do not use 90838 with prolonged service codes, if service is over 90 minutes of psychotherapy use 90837 and prolonged services OR E&M with 90838
90862 used for telepsychiatry	Deleted in 2013 Replaced with G0459	Clarification from the panel that G0459, Inpatient telehealth, pharmacologic management, including prescription use and review of medication with no more than minimal psychotherapy, can be reported daily.

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### Vascular Surgery

- ▶ New subsection for Fenestrated Endovascular Repair of the Visceral and Infrarenal Aorta (FEVAR) and Guidelines
- ▶ New codes for transcatheter placement
- ▶ New code for vascular embolization

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### New Section for FEVAR

**Fenestrated Endovascular Repair of the Visceral and Infrarenal Aorta (FEVAR)**

**Description of procedure:** *treatment* of aneurysms below the chest with poor proximal neck anatomy. The surgeon performs a hole cut, deploys graft in artery and into bifurcated areas if needed.

Note: the term, "Scallop" means cut a divot in the graft. This does not describe a fenestration, a hole needs created.

▶ **Select code based on:**

1. The number of fenestrations in the visceral segment ( 1,2,3,4 or more)
2. Whether the distal extent of the device stays in the aorta or continues into the common iliac arteries
  - 34841-34844 does not bifurcate
  - 34845-34848 bifurcated graft that goes into iliac arteries

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## New Section for FEVAR

### Services included:

- Catheterization
- Placement of docking limbs
- Any additional stent graft extensions in the common iliac arteries or where the graft terminates within that vessel (e.g. aorta or iliac)
- Guide wires and catheters
- Balloon angioplasty within treatment zone (any artery that will have the graft touching, opened in it at the end of the case) hypogastric arteries are outside treatment zone
- Fluoroscopy guidance and radiological supervision and interpretation

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## New Section for FEVAR

### Not included/Bill separately:

- Distal extension prosthesis that terminate in the internal iliac, external iliac or common femoral artery(s)
- Catheterization of hypogastric artery and or arteries outside of the treatment zone
- Access to vessels (34812)
- Repair of artery ( 35526, 35282)
- Interventional procedures performed at the time of the repair
- Procedures outside the treatment zone

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CPT Code	Change	Coding Tip/Impact
34841- Endovascular repair of visceral aorta, one visceral artery endoprosthesis	New Code	<ul style="list-style-type: none"> <li>• 1 fenestration</li> <li>• Graph does not bifurcate</li> </ul>
34842 Endovascular repair of visceral aorta, 2 visceral artery endoprosthesis	New Code	<ul style="list-style-type: none"> <li>• 2 fenestration</li> <li>• Graph does not bifurcate</li> </ul>
34843 Endovascular repair of visceral aorta, 3 visceral artery endoprosthesis	New Code	<ul style="list-style-type: none"> <li>• 3 fenestration</li> <li>• Graph does not bifurcate</li> </ul>
34844 Endovascular repair of visceral aorta, 4 or more visceral artery endoprosthesis	New Code	<ul style="list-style-type: none"> <li>• 4+ fenestration</li> <li>• Graph does not bifurcate</li> </ul>
34845 Endovascular repair of visceral aorta and infrarenal abdominal aorta, 1 visceral artery endoprosthesis	New Code	<ul style="list-style-type: none"> <li>• 1 fenestration</li> <li>• Graph does bifurcate</li> </ul>
34846 Endovascular repair of visceral aorta and infrarenal abdominal aorta, 2 visceral artery endoprosthesis	New Code	<ul style="list-style-type: none"> <li>• 2 fenestration</li> <li>• Graph does bifurcate</li> </ul>
34847 Endovascular repair of visceral aorta and infrarenal abdominal aorta, 3 visceral artery endoprosthesis	New Code	<ul style="list-style-type: none"> <li>• 3 fenestration</li> <li>• Graph does bifurcate</li> </ul>
34848 Endovascular repair of visceral aorta and infrarenal abdominal aorta, 4 or more visceral artery endoprosthesis	New Code	<ul style="list-style-type: none"> <li>• 4+ fenestration</li> <li>• Graph does bifurcate</li> </ul>

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Transcatheter Placement		
CPT Code	Change	Coding Tip/Impact
37217- Transcatheter placement of intravascular stent(s) intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty when performed and radiological supervision and interpretation	New code	New Code for Open procedure Continue to use 0075T or 0076T for percutaneous access.
37205 Transcatheter placement of an intravascular stent(s) percutaneous, initial vessel + 37208, each additional vessel	Deleted	Report with codes 37236-37239 depending on artery or vein treated and if subsequent vessels are treated

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CPT Code	Change	Coding Tip/Impact
37236 Transcatheter placement of an intravascular stent(s) open or percutaneous, including radiological supervision and interpretation and including angiography within the same vessel, when performed, initial artery +37237 each additional artery	New code	These services are reported "per vessel". Report multiple stents in a single vessel as single code.  Includes: <ul style="list-style-type: none"> <li>balloon angioplasty</li> <li>Postdilation following stent</li> <li>Radiological supervision and interpretation</li> <li>Closure</li> <li>Imaging performed to document procedure</li> </ul>
37238 Transcatheter placement of an intravascular stent(s) open or percutaneous, including radiological supervision and interpretation and including angiography within the same vessel, when performed, initial vein +37239 each additional vein	New code	
	New code	

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Vascular Embolization		
CPT Code	Change	Coding Tip/Impact
37241 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, venous other than hemorrhage	New Code	These services are reported once per surgical field Includes: <ul style="list-style-type: none"> <li>Radiological supervision and interpretation</li> <li>Intra-procedural guidance and road mapping</li> <li>Imaging upon completion</li> </ul> Report separately: <ul style="list-style-type: none"> <li>Diagnostic angiography</li> </ul>
37242 arterial, other than hemorrhage	New Code	
37243 for tumors, organ ischemia or infarction	New Code	
37244 for arterial or venous hemorrhage or lymphatic extravasation	New Code	

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## Interventional and Diagnostic Radiology

- ▶ New bundling notations for Radiology Supervision & Interpretation and Fluoroscopy throughout CPT indicating that these procedures are bundled into these sections
- ▶ New section for reporting Embolization procedures (see table below)
- ▶ New codes/Revisions to codes for drainage of abscess. These services now include imaging guidance

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## New Code Series – Embolization

**Includes:**

- Radiology Supervision & Interpretation and follow up embolization
- Intra-procedural guidance and road mapping
- Imaging for progress or completion of procedure
- Moderate sedation

**Report separately:**

- Vessel selection and catheter placement
- Ultrasound guidance
- Diagnostic studies
- Chemotherapy admin
- Injection of radioisotopes

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CPT Code	Change	Coding Tip/Impact
37204 Transcatheter occlusion or embolization non head or neck	Deleted	For embolization of the central nervous system or head and neck, report with code set 61624, 61626, 61710 Transcatheter permanent occlusion or embolization central nervous system
37210 Uterine Fibroid embolization	Deleted and Replaced	Report using 37243 embolization for tumors, organ ischemia or infarction
37241-37244 Embolization	New Code Series	37241- Venous in nature ex: varicoles, visceral varices.  37242-arterial in natures other than hemorrhage or tumor ex: arteriovenous malformations, AV fistulas  37243- embolization for tumors, organ ischemia or infarction ex: uterine fibroids  37244 embolization for arterial or venous hemorrhage or lymphatic extravasation ex: GI Bleed, hemoptysis, postpartum hemorrhage

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Drainage of Abscess		
<i>New codes based on approach and body area. Includes imaging guidance</i>		
10050-Image guided fluid collection by catheter for percutaneous soft tissue	New Code Includes: imaging guidance	Ex: abscess, hematoma, sarcoma, cyst Report once for each drained with a separate catheter
32201 Percutaneous drainage of lung cyst/abscess	Deleted and Replaced	Replaced with 49405- Image-guided fluid collection drainage by catheter, visceral (e.g. lung, kidney, liver) percutaneous
47013 Percutaneous drainage of liver abscess		
48511 Percutaneous drainage of pseudocyst		
50023 Percutaneous drainage of renal abscess		
44901 Percutaneous drainage of appendiceal abscess	Deleted and Replaced	Replaced with 49406- Image-guided fluid collection drainage by catheter, peritoneal or retroperitoneal, percutaneous
49041 Percutaneous drainage of subphrenic abscess		
49061 Percutaneous drainage of retroperitoneal abscess		
54823 Transvaginal/transrectal drainage of pelvic abscess	Deleted and Replaced	Replaced with 49407- Image-guided fluid collection drainage by catheter, peritoneal or retroperitoneal, transvaginal or transrectal

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### Spine & Pelvis Revised Description

**72040**- radiologic examination, spine, cervical; 3 views or less

**72040**, clarified to specify 2 or 3 views.  
Use **72020** for a single view radiologic exam of the spine

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### Radiation Oncology

This section to cover changes for specific chapters of the CPT book, bulleted list followed by table

- Simulation code section was revised to include definition for simple, intermediate or complex treatments.
- Creation of motion management simulation code
- First add-on code for radiation oncology, new concept for Radiation Oncology
- Revised introductory language Complex definition added done to reflect the changes in technology from the 1990's and now treatment area is defined
- Respiratory management simulation 77293, 77295

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CPT Code	Change	Coding Tip/Impact
77295 3D radiotherapy plan, including dose-volume histograms	Relisted	Moved out of the simulation family, resides 77300 series for Medical radiation Physics, Dosimetry, Treatment devices and Special Services
+77293 respiratory motion management simulation	New Code	First and only add on code for radiology  Used to describe motion studies done to predict breathing patterns  Report when using 3D simulation or IRT planning on the same date of service (77295, 77301)

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### Pathology & Laboratory

- ▶ Alphabetical listing of most analytes included in the CPT book for 2014
- ▶ 10 new therapeutic drug assay codes, more expected for 2015 Major changes in Mo Path for 2015 to address genomic analyses
- ▶ Tier 1 now contains 107 codes (higher volume assays) 1 added for 2014
- ▶ Tier 2 318 new analytes added
- ▶ AMA CPT website features updates to Appendix O provided in March, June and November

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Therapeutic Drug Assays- 10 New Codes	
80155 Caffeine	80177 Levetiracetam
80159 Clozapine	80180 Mycophenolate
80169 Everolimus	80183 Oxcarbazepine
80171 Gabapentin	80199 Tiagabine
80175 Lamotrigine	80203 Zonisamide

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Tier 1		
CPT Code	Change	Coding Tip/Impact
81287- MGMT (0-6-methylguanine-DNA methyltransferase) gene	New Code	Analysis to predict responsiveness to treatments such as temozolamide therapy for malignancy
81371- HLA Class I and II typing, low resolution	Parenthetical added	New parenthetical to indicate DRB3/4/5 gene determination is included
81376- HLA Class II typing, low resolution one locus	Parenthetical added	New parenthetical to indicate DRB3/4/5 gene determination is included. When low/intermediate resolution typing is performed treat as one locus
81382 HLA Class II typing high resolution	Parenthetical added	New parenthetical for when high resolution of DRB3/4/5 genes performed, treat as one locus

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Tier 2		
81401 Molecular pathology procedure, level 1	Addition	9 analytes added
81401 Molecular pathology procedure, level 2	Addition	24 analytes added
81402 Molecular pathology procedure, level 3	Addition	1 analyte added
81403 Molecular pathology procedure, level 4	Addition	19 analytes added
81404 Molecular pathology procedure, level 5	Addition	52 analytes added
81405 Molecular pathology procedure, level 6	Addition	84 analytes added
81406 Molecular pathology procedure, level 7	Addition	91 analytes added
81407 Molecular pathology procedure, level 8	Addition	24 analytes added
81408 Molecular pathology procedure, level 9	Addition	19 analytes added

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Multianalyte Assays with Algorithmic Analyses		
81504- Oncology microarray gene expression profiling of >2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	New code	For use in reporting oncology (tissue of origin)
81507 -Fetal aneuploidy, DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	New Code	Fetal aneuploidy-only use with the specific vendor (Harmony Prenatal Test, Ariosa Diagnostics) even though multiple vendors offer this test
Chemistry		
84112- Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s)	Revision	Expanded to include other proteins that are also tested in amniotic fluid

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Microbiology		
Revisions to several codes within this section to clarify "reverse transcription" is included "when performed"		
87661- Trichomonas vaginalis, direct probe technique	New Code	Use when performed with amplified probe technique
Immunohistochemistry		
88342- immunohistochemistry or immunocytochemistry each separately identifiable antibody per block, cytologic preparation, or hematologic smear; first separately identifiable antibody slide	Revised	For multiple slides report additional units of 88342
+ 88343 each additional separately identifiable antibody per slide	New Code	Report in addition to 88342 for each additional antibody per slide

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