CPT Code Updates for 2013

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The CPT code set has undergone extensive revisions for 2013, with codes, guidelines, and modifiers being revamped and updated. HIM coding professionals should download and review the CPT 2013 errata on the AMA website before starting to use the new codes. This download can be accessed at www.ama-assn.org, and a complete list of new and revised codes can be found in "Appendix B" of the CPT manual.

General Revisions

Dozens of codes, coding guidelines, and modifiers were revised to eliminate the word "physician" or add the words "other qualified health care professional." This reflects that in some circumstances it may be appropriate for professionals besides physicians to report the service.

The introduction states that the CPT code set "is also used by other entities to report outpatient services," but in some cases "specific instructions may define a service as limited to professionals or limited to other entities (i.e., hospital or home health agency)."

The section of the introduction on time was revised to clarify facility reporting of services that extend into a second calendar date.

Evaluation and Management Codes

The evaluation and management (E/M) codes were extensively revised to include other qualified healthcare professionals. For example, these changes affect all of the codes for office and outpatient visits (99201-99215).

The E/M guidelines were revised to indicate that when an advanced practice nurse or physician assistant is working with a physician, he or she is considered to be the exact same specialty and subspecialty as the physician.

New codes were established for complex chronic care coordination services rendered to high-risk patients in a noninstitutional setting (99487-99489) and for transitional care management at the time a patient transitions from a facility to a community setting (99495-99496). Additionally, new codes 99485-99486 were created for supervision of interfacility transport of critically ill or critically injured pediatric patients 24 months of age or younger.

Surgery Changes

In the integumentary section, the code for island pedicle flap (15740) was revised to require identification and dissection of "an anatomically named axial vessel."

In the Musculoskeletal section, new code 22586 was created for L5-S1 arthrodesis by presacral interbody technique. New codes were also added for revision of total shoulder arthroplasty (23473-23474) and total elbow arthroplasty (24370-24371).

In the respiratory section, new codes were created for bronchial valve procedures (31647-31651) and bronchial thermoplasty (31660-31661). Both of these procedures were previously reported with Category III codes. The codes for bronchography were deleted as this procedure is obsolete.

New codes were established for thoracentesis and pleural drainage (32554-32557), and tube thoracostomy code 32551 was revised so that it applies only to open procedures. Finally, new code 32701 was established for target delineation for stereotactic body radiotherapy.

In the Cardiovascular section, a new line was added to the table on pacemaker and cardioverter-defibrillator procedures to cover conversion of an existing system to biventricular. The code for left ventricular lead insertion (33225) was revised and a note added to clarify the reporting of pocket revision. A new section and guidelines were added for "Heart (Including Valves) and Great Vessels." New codes were established for transcatheter aortic valve replacement (33361-33369) and percutaneous ventricular assist device procedures (33990-33993), both of which were previously reported with Category III codes.

New codes were established for head and neck arteriograms (36221-36228) that include both the catheter placement and the imaging. New comprehensive codes were also established for transcatheter thrombolysis (37211-37214) and transcatheter foreign body retrieval (37197). Finally, the revascularization guidelines have been revised to clarify the reporting hierarchy.

In the Hemic and Lymphatic Systems section, a new section heading and guidelines were created for bone marrow and stem cell transplants, along with one new code to report HPC boost (38243) and three revised codes.

In the Digestive section, new codes were added for endoscopic microscopy (43206, 43252), and preparation of specimen for fecal transplant (44705). Also, the code for simple primary upper GI endoscopy (43234) was deleted and this procedure is now assigned to code 43235.

In the Urinary section, a new code (52287) was established for chemodenervation of the bladder.

In the Nervous System section, the neurolysis subsection was retitled to reflect that it also includes chemodenervation, and the coding guidelines were revised. Facial nerve chemodenervation (64612) was revised to indicate that it is a unilateral procedure. Notes were added to neck muscle and extremity chemodenervation (64613, 64614) to indicate that these codes should be reported only once per session. Finally, a new code was established for chemodenervation to treat chronic migraine (64615).

Radiology Changes

The "Supervision and Interpretation" (S&I) section of the guidelines was revised to reflect the growing number of procedures that do not have a separate S&I code.

Numerous codes were deleted, including those for bronchography (71040, 71060), head and neck angiography (75650, 75660-75685), catheter exchange during thrombolysis (75900), and transcatheter foreign body retrieval (75961). Additionally, codes 75896 and 75898 were revised to reflect that they now can be assigned only for non-thrombolytic infusions.

The codes for cervical spine x-rays (72040-72052) were revised and are now defined only in terms of the number of views. The 3D rendering codes (76376-76377) have been revised to incorporate the requirement for concurrent supervision in the code definition.

New codes were created for thyroid uptake and imaging (78012-78014), and the existing codes were deleted. Also, two new codes and one revised code (78070-78072) were established for parathyroid scans.

Pathology Changes

A new section in the front of the CPT manual explains the evolution of the molecular pathology codes and provides answers to frequently asked questions. The "stacking codes" 83890-83914 were deleted, as was Appendix I (Genetic Testing Code Modifiers). Thirteen new Tier 1 codes were added and all of the Tier 2 codes were revised. Additionally, the section guidelines for Molecular Pathology were expanded to include definitions of key terms.

A new subsection and new codes were established for "Multianalyte Assays with Algorithmic Analyses" (81500-81599). These procedures, which are typically unique to a single laboratory, use results from molecular pathology and other tests to generate a numeric score or probability that expresses the patient's risk of diabetes, cancer, or other conditions. A new Appendix O lists the commercial names for these assays. Appendix O also provides an "administrative code" ending in the letter "M" for services that do not have a Category I code.

The Chemistry section guidelines were revised to clarify reporting of mathematically calculated values. The codes for array-based evaluation of molecular probes (88384-88386) were deleted. New codes were established for cell enumeration (86152-

86153), human leukocyte antigen (HLA) testing (86828-86835), galectin-3 testing (82777), JC virus testing (86711), detection of respiratory viruses by nucleic acid (87631-87633), cytomegalovirus and hepatitis B virus genotype analysis (87910, 87912), and interpretation of images from optical endoscopic microscopy (88375).

Medicine Changes

In the Immunization Administration section, notes indicate that add-on codes 90472 and 90474 can now be reported together with code 90460. In the Vaccines, Toxoids section, three new codes were added, three were deleted, and six were revised.

The Psychiatry section was extensively revised. The codes for psychiatric diagnostic interviews (90801-90802) were deleted and replaced with two new codes for psychiatric diagnostic evaluation (90791, 90792). Psychotherapy codes 90804-90829 and 90857 were deleted and replaced with new codes for psychotherapy (90832-90838) and psychotherapy for crisis (90839-90840).

A new add-on code (90785) was established for interactive complexity. This is defined as "specific communication factors that complicate the delivery of a psychiatric procedure," such as communication with a young patient who is verbally impaired. The existing code for pharmacologic management was deleted and replaced with a new add-on code for pharmacologic management in conjunction with psychotherapy (90863).

In the Gastroenterology section a new code (91112) was created for gastrointestinal wireless capsule transit and pressure measurement and the Category III code for this procedure was deleted.

In the Cardiovascular section, a new subsection was established for "Coronary Therapeutic Services and Procedures," along with extensive guidelines for percutaneous coronary intervention (PCI). The new guidelines recognize five major coronary arteries, including the left main and the ramus intermedius, and also establish reporting rules for procedures performed in or through bypass grafts. Thirteen new PCI codes (92920-92944) were created, six were deleted, and one (92973) was revised.

The section titled "Intracardiac Electrophysiological Procedures/Studies" was extensively revised, including revised guidelines, five new ablation codes (93653-93657) including a specific code for pulmonary vein isolation, and two deleted codes.

In the "Allergy and Clinical Immunology" section, two new codes (95017-95018) were established for combinations of percutaneous and intracutaneous testing. Also, a new subsection on "Ingestion Challenge Testing" was created, along with guidelines and two new time-based testing codes (95076, 95079).

In the Neurology section, polysomnography codes 95808-95811 have been revised to include age criteria, and two new polysomnography codes (95782-95783) were added for pediatric patients. Seven new nerve conduction study codes (95907-95913) were established along with new reporting guidelines. The codes are now defined solely in terms of the number of studies performed. Two new codes (95940-95941) were established for intraoperative neurophysiology monitoring in the operating room. Additionally, there are two new codes (95924, 95943) for autonomic function tests.

Additional Information

For additional information about the 2013 CPT changes, see the American Medical Association's *CPT Changes 2013: An Insider's View.* This guide provides official AMA rationale for each new, revised, and deleted CPT code and guideline.

References

American Medical Association. *CPT 2013 Changes: An Insider's View*. Chicago, IL: AMA, 2012.

American Medical Association. "Corrections in CPT 2013." November 28, 2012. http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt/errata.page.

American Medical Association. *Current Procedural Terminology CPT 2013 Professional Edition.* Chicago, IL: AMA, 2012.

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