

CPT Updates for CY 2015

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On January 1, 2015, the updates to the American Medical Association's Current Procedural Terminology (CPT) went into effect. The updates include 276 new codes, including three new Category II codes and 39 new Category III codes. There are a total of 129 revised codes and 137 deleted codes. This article will highlight the majority of the new CPT codes for 2015. Appendix B of the CPT Manual contains a summary of all additions, deletions, and revisions.

Evaluation and Management Updates

Three new codes have been added to the Evaluation and Management (E/M) section for calendar year (CY) 2015. These are in the Care Management and Advance Care planning subsections.

Care Management Services is new this year with extensive notes. This subcategory is for the management and support services provided by clinical staff, under the direction of a physician, to patients at home, in a domiciliary, or in assisted living.

Chronic Care Management Services is a new category under the subsection of Care Management Services. Code 99490 will be utilized to capture chronic care management services for the establishment, implementation, revision, or monitoring of the care plan for patients with at least two chronic conditions, expected to last at least 12 months, and may place the patient at risk of death, exacerbation, or functional decline. This code is reported if, during the calendar month, at least 20 minutes of clinical staff time is spent on care management activities.

Advance Care Planning is a new subsection in the E/M section. Two codes were placed in this subsection. The codes are used to report face-to-face discussion of advance directives:

- 99497, advanced care planning for the first 30 minutes
- 99498, an add-on code assigned for each additional 30 minutes

E/M Guidelines for Social History has been expanded and will now include a bullet for Military History.

Changes for Surgery Section

New Surgery codes were added to the following subsections: Musculoskeletal System, Cardiovascular System, Digestive System, Urinary System, Eye and Ocular Adnexa.

Additional changes noted in the CPT Surgical Package Definition appear in the Surgical Guidelines to include the new language "or other qualified health care professional who performs the surgery" in the descriptor of provider of services.

Musculoskeletal System Subsection Changes

Three new codes—20604, 20606, 20611—were added to the Arthrocentesis category for use when ultrasound guidance with permanent recording and reporting are utilized.

New notes and codes were added to describe and define percutaneous vertebroplasty and percutaneous vertebral augmentation. Percutaneous vertebroplasty codes describe procedures on one vertebral body either unilaterally or bilaterally based on region, cervicothoracic (22510), and lumbosacral (22511). A new add-on code, 22512, was created for percutaneous vertebroplasty and is assigned for each additional vertebral body. Percutaneous vertebral augmentation codes are also selected according to region: thoracic (22513), lumbar (22514), and the add-on code (22515).

Cardiovascular System Subsection Changes

The 2014 subheading of Pacemaker or Pacing Cardioverter-Defibrillator was replaced by Pacemaker and Implantable Defibrillator. There are extensive new and revised notes which include updated definitions as well as additions to the table for Pacemaker and Implantable Defibrillator code selections.

A new code has been added for the insertion of an implantable defibrillator system, 33270, and one for electrode insertion, 33271. Two new codes were added for the removal (33272) and repositioning (33273) of the electrodes.

New coding notes pertaining to transcatheter mitral valve repair (TMVR) were added for the subheading Mitral Valve. These notes pertain exclusively to the two new codes added for TMVR, 33418, and add-on code for additional prosthesis during the same session, 33419.

Twenty-five new codes were added to the new subheading of Extracorporeal Membrane Oxygenation (ECMO) or Extracorporeal Life Support Services (ECLS). These procedures provide cardiac and/or respiratory support to the heart and lungs. The codes represent the services directly related to the cannulation, initiation, management, and discontinuation of the ECMO/ECLS (33946-33989).

Digestive System Subsection Changes

New notes were added to Endoscopy, Small Intestine, including a note advising, “When bleeding occurs as the result of an endoscopic procedure the control of the bleeding is not reported separately during the same operative session.”

A new subheading for Endoscopy, Stomal was added this year. New notes provide guidance on coding when the intended procedure is unable to be completed. These notes also address the correct code assignment when reporting colonoscopy through a stoma. Ten new codes were added in this area: 44381, 44384, 44401-44408. They include codes for balloon dilation, placements of stents, ablation of tumors, mucosal resection, injection procedures, and decompression all conducted through a stoma.

Under the Endoscopy subheading additional notes and clarification was added for coding the extent of the procedure. A valuable new tool has been added in the form of a colonoscopy decision tree. Eight new codes were included this year. Two of the new codes replaced deleted codes.

Several of the new codes replaced deleted codes and added the terms “includes pre- and post-dilations and guide wire passage, when performed.” There are new codes for band ligations as well (45350, 45398).

Two new anoscopy codes—46601, 46607—were added to capture the use of high-resolution magnification (HRA).

Finishing up the new codes added in the Surgery Section, Digestive System Subsection in the Subheading of Other Procedures is a new code to represent Ablation of one or more liver tumor(s) by percutaneous cryoablation, 47383.

Urinary System Subsection Changes

Two new codes were added in the Vesical Neck and Prostate subheading. Cystourethroscopy with insertion of transprostatic implant single, 52441, and each additional, 52442.

Nervous System Subsection Changes

The Spine and Spinal Cord subheading, Injection, Drainage, or Aspiration Category includes the addition of four new codes:

- 62302, Myelography via lumbar injection, coded according to the spinal region, cervical
- 62303, Thoracic
- 62304, Lumbosacral
- 62305, Two or more regions

Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System, Introduction/Injection Category includes four new codes to capture Transversus abdominis plane blocks, unilateral (64486-64487) or bilateral (64488-64489).

Eye and Ocular Adnexa Subsection Changes

Anterior Sclera subheading, Aqueous Shunt Category includes a new code for aqueous shunt to extraocular plate reservoir, 66179, and a revision code, 66184.

Changes for Radiology Section

Under the Breast, Mammography subsection there are three new codes to represent digital tomosynthesis—unilateral (77061) and bilateral (77062)—along with an add-on screening code, 77063. Two new codes are listed in the Bone/Joint Studies subheading: dual-energy X-ray absorptiometry for axial skeleton, 77085, and vertebral fracture assessment, 77086.

Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services include the addition of five new codes: Teletherapy isodose plan, simple (77306) and complex (77307), and three Brachytherapy isodose plan codes, simple (77316), intermediate (77317), and complex (77318).

Extensive new notes for radiation treatment delivery offer definitions and point the user to the Radiation Management and Treatment Table.

Changes for Pathology and Laboratory Section

The Pathology and Laboratory section has a significant amount of new codes and changes. There are new and revised notes for Drug Assay testing, Presumptive Drug Class Screening, Definitive Drug testing, and Genomic Sequencing Procedures and Other Molecular Multianalyte Assays. The new codes are too numerous to list out separately. Extensive notes and examples are provided for new codes for drug screening (80300-80301). Definitive Drug testing codes are reported with codes 80320-80377. Genomic Sequencing Procedures and Other Molecular Multianalyte Assays are coded with codes 81410-81471. The Microbiology subheading includes three new codes for gastrointestinal pathogen testing:

- 87505, three to five targets
- 87506, six to 11 targets
- 87507, 12 to 25 targets

There is one new code, 87806, for HIV-1 antigen(s) with HIV-1 and 2 antibodies. The Immunohistochemistry add-on code, 88341, is new as well as a code for each multiplex antibody stain procedure, 88344. In situ hybridization has six new codes. There is a new code for Cryopreservation of mature oocyte(s), 89337, which is the last of the new codes for this section.

Changes for Medicine Section

Five new codes were added to the cardiovascular subsection. Two are in the Implantable and Wearable Cardiac Device Evaluations subheading, which describe the services for cardiac device evaluations to assess device therapy and cardiovascular physiologic data. The new codes are Programming device evaluation of an implantable subcutaneous lead defibrillator system, 93260, and Interrogation device evaluation and analysis of an implantable subcutaneous lead defibrillator system, 93261. Echocardiography, transesophageal codes have an added code, 93355, this year to capture when used for guidance of transcatheter intracardiac or great vessel(s) structural interventions. Electrophysiologic evaluation of subcutaneous implantable defibrillator, 93644, is new this year along with a code for Bioimpedance spectroscopy, extracellular fluid analysis, 93702.

Other Services and Procedures have two new codes for the initiation of hypothermia in the critically ill neonate, 99184, and application of topical fluoride varnish, 99188.

New Category II Codes

There is a new code for Esophageal biopsy report with a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading), 3126F. The two other new codes are Adenoma(s) or other neoplasm detected during screening colonoscopy, 3775F, and not detected during screening colonoscopy, 3776F.

New Category III codes

There are 16 new codes in the Subcutaneous Implantable Defibrillator System subheading (0340T-3058T). Adaptive Behavior Assessments and Treatment subsections include 21 new codes (0359T-0380T).

Reference

American Medical Association. *Current Procedural Terminology (CPT) 2015*. Chicago, IL: American Medical Association, 2014.

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Article citation:

Buttner, Patty. "CPT Updates for CY 2015" *Journal of AHIMA* 86, no.2 (February 2015): 62-64.

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