

FY 2016 CPT Updates

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When the first edition of the Current Procedural Terminology (CPT) was released in 1966, there were only 3,554 codes. In 2016, CPT, published by the American Medical Association (AMA), is celebrating its 50th birthday with 10,000 CPT codes. This year's CPT updates include 140 codes added, 132 revised, and 91 deleted codes.

While there are many noteworthy CPT coding changes in 2016, the focus of this update article will be on only a select few of the coding changes. All CPT coding changes may be reviewed in Appendix B of the CPT coding book.

Evaluation and Management Updates

The following provides a look at two Evaluation and Management (E/M) code updates for Prolonged Services and Preventative Medicine Services.

Prolonged Services

Two new codes for Prolonged Services (99415 and 99416) were added to identify direct clinician-to-patient time of one hour (99415) and subsequent half hour(s) (99416). These codes were developed to report face-to-face services by clinical staff that are under the direct supervision of a provider.

Take the following for example. A five-year-old pediatric patient is brought to the pediatrician's office by her parents. Upon examination, it is determined that the patient is suffering from dehydration. Oral rehydration is ordered and administered in the office. The patient is supervised for 1.5 hours by a RN under the direct guidance of a pediatrician and the time is billed under codes 99415 and 99416. These codes may only be reported once per date of service.

Preventative Medicine Services

This subsection's guidelines have been revised for 2016 to include the appropriate use of Behavioral Change Intervention codes (99406 – 99409). These codes are to be utilized on the same day as an E/M code and are to be reported separately from an E/M code. The codes are used when a physician (or other qualified healthcare professional) sees a patient face-to-face for the purpose of encouraging healthy habits and injury/disease prevention.

Surgery Section Update

The following examines the Surgery section code update for Indirect Removal of Cerumen.

Indirect Removal of Cerumen

Many changes have been made to the Surgery section, but of particular interest to outpatient physician practices is one new code found in the Auditory System subsection. Code 69209 has been added to capture the indirect removal of impacted cerumen by irrigation and/or lavage. This code was necessary to delineate direct and indirect approaches of cerumen removal. The previously established code, 69210, captures direct method of removal with the use of curettes, hooks, forceps, and suction. Code 69209 and 69210 should not be reported on the same day if both are performed. Instead, coders should report the code that relates to the most time-intensive and/or skilled removal of cerumen performed.

Medicine Section Update

The following examines the Medicine section code updates for Vaccinations.

Vaccinations

A new code is added for reporting the Cholera vaccine (90625), live, adult oral dosage, while code 90727, Cholera administered subcutaneously, is deleted per the AMA's initiative to eliminate vaccine product codes which are no longer utilized.

Also new for FY 2016 are codes 90620, 90621, and 90697. Code 90697 is for the use of a six-disease vaccination that includes diphtheria, tetanus toxoids, acellular pertussis (DTaP); inactivated poliomyelitis (IPV); Haemophilus influenza type b (Hib); and hepatitis B (HepB). Codes 90620 and 90621 are for reporting Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), intramuscular use.

Deleted for 2016 are 17 codes due to outdated vaccinations that are no longer available in the United States. The deleted codes are: 90645, 90646, 90669, 90692, 90693, 90703, 90704, 90705, 90706, 90708, 90712, 90719, 90720, 90721, 90725, 90727, and 90735.

Radiology Section Update

Radiology section codes have been revised to include a greater level of specificity with the number of views. Codes 72081 – 72084 are specific to the number of views, and include the skull, c-spine, and sacrum. Deleted are codes 72010, 72069, and 72090.

Codes 73501, 73502, 73503, 73521, 73522, and 73523 are six bundled codes specific to the number of views of the hip, pelvis, and femur. Deleted codes include 73500, 73510, 73520, 73530, 73540, and 73550.

New for 2016 is a change in radiology terminology. The term “film” will now be replaced by the new term “image.” This change was warranted due to the advancements in digital radiology technology and the elimination of antiquated “film” processing techniques.

Lastly, the previous term “written reports” is now broken down into greater specificity with handwritten, typewritten, or electronic. The clarification was added in the Introduction, Surgery, Medicine, and Radiology sections of the CPT codebook.

Category III Update: Diabetes Prevention

Category III code 0403T is new for diabetes prevention only—not education. This code may be used when the patient lacks a diabetes diagnosis but remains at high risk for developing type II diabetes. The purpose of this code is to effectively monitor patients at high risk for the development of type II diabetes.

Remember to Review Practice-Specific Changes

As with any coding updates, it is critical to review any practice-specific changes and follow up with necessary education for coders and providers. In order to avoid any potential disruption with claims processing it is industry best practice to have access to current coding resources and to make any necessary coding updates to forms or reference sheets.

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