CPT 2014 Updates
Summary of 2014 CPT Changes

** 175 New Codes **

** 107 Revised Codes **

** 53 Deleted Codes **
CPT Sections with Changes

• Integumentary
• Musculoskeletal
• Respiratory
• Cardiovascular
• Hemic/Lymphatic
• Digestive
• Urinary
• Gynecological – Female

Nervous
Eye & Ocular
Auditory
Fluoroscopic Guidance
Integumentary System

Introduction and Removal
New Code – 10030

Image guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg extremity, abdominal wall, neck).

**Report once for each individual collection drained with a separate catheter.**

CPT pg. 67
Closure of Complex Repairs

• Deleted code 13150 Repair, complex eyelids, nose, ears, and/or lips; 1.0 cm or less.
• For 1.0 cm or less, see simple or intermediate repairs
• 13151 : Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
• 13152 - 2.6 cm to 7.5 cm CPT pg. 77
Other Flaps & Grafts: Repair Closure

• Revision of “eg” to “ie” in the code description for 15777 - Implantation of biologic implant for soft tissue reinforcement

• 15777 is exclusively for reporting of implant for breast or trunk only  CPT pg. 83
Burns

• The Rules of Nines was replaced with the Lund-Browder Diagram and Classification Method Table for Burns Estimations

CPT pg. 86
Breast Lesion Biopsy without Image guidance

- 19100 Biopsy of breast, percutaneous, needle core, not using image guidance (separate procedure)
- (for needle aspiration use 10021)
- 19101 open, Incisional
  (for placement of percutaneous localization clip with image guidance see 19281-19288)
19102, 19103 have been deleted. To report see 19081-19086  CPT pgs. 89 & 90
Breast Lesion Bx with image Guidance

- 19081 – Biopsy, Breast w/placement of breast localization device(s), clip metallic pellet when performed and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance
- + 19082 each additional lesion, including stereotactic guidance (list separately in addition to code for primary procedure)
Image Guided Breast Lesion Biopsy

3 Categories
  Ultrasound Guidance
  MRI Guidance
  Stereotactic Guidance

When the do an image guided BX included is the marker placement & specimen radiography
Breast Lesion BX w/image Guidance

- 19083 is for the first lesion and includes ultrasound guidance
- 19084 is for each additional lesion w/ultrasound guidance
- 19085 is for the first lesion and includes magnetic resonance guidance
- 19086 is for each additional lesion with the magnetic resonance guidance

CPT pg. 90
Breast Lesion BX
Specific Guidelines

• Open excision of breast lesions where adequate surgical margins are required: cysts, benign or malignant tumors use 19110 – 19126

• Pre-op placement of the markers are included in the procedure

• Incisional BX performed after image guided placement of localization device (use 19101 and appropriate image guided localization device and placement code) CPT pg. 90
Image Guided Placement of Localization Devices – New Codes

- 19281 Placement of breast localization device(s) (clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion includes mammographic guidance (list separately in addition to code for primary procedure)
- 19282 each additional lesion, included mammographic guidance (list separately in addition to code for primary procedure)

CPT pg. 90
Image Guided Placement of Localization Devices – New Codes

- 19283 Placement of breast localization device(s) (clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion included Stereotactic guidance.
- + 19284 each additional lesion, included stereotactic guidance (list separately in addition to code for primary procedure)

CPT pg. 91
Image Guided Placement of Localization Devices – New

• 19285 Placement of breast localization device(s) (clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion included ultrasound guidance

• + 19286 each additional lesion, included ultrasound guidance (list separately in addition to code for primary procedure)

CPT pg. 91
Image Guided Placement of Localization Devices – New Codes

• 19287 Placement of breast localization device(s) (clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, first lesion included Magnetic resonance guidance

• + 19288 each additional lesion, included Magnetic resonance guidance (list separately in addition to code for primary procedure

CPT pg. 91
Specific Introduction guidelines for Excision of Breast

- Total Mastectomy 19303-19307 including simple, complete subcutaneous, modified radical mastectomy, and more extensive procedures.
- Partial Mastectomy 19301-19302 include lumpectomy, tylectomy, quadrantectomy, segmentectomy

CPT pg. 91 & 92
Steps to Code Excision of Subcutaneous Soft Connective Tissue

• Make sure it’s soft tissue (below skin and above deep fascia)
• Excision must be simple or marginal resection
• If lesion originates in skin, it is not coded in this chapter
• Location
• Size (measured by greatest diameter + minimal margin)
• Don’t add closure code (unless complex)
Steps to Code Excision of Soft Connective Tissue Tumors

- Make sure soft tissue (below skin above fascia)
- This is a radical resection (not just excision)
- Most commonly for malignant
- Location
- Size (greatest diameter + minimal margin)
- Includes closure (unless complex)
- If the lesion originates in the skin, it’s not soft tissue
Code Description Revisions

- 21015: Radical resection of tumor (eg sarcoma), soft tissue of face or scalp, less than 2cm
- 21016: 2 cm or greater

CPT pg. 105
Code Description Revisions

- 21557: Radical resection of tumor (eg sarcoma), soft tissue neck or anterior thorax; less than 5cm
- 21558: 5 cm or greater
- (for radical resection of tumor(s) of cutaneous origin (eg melanoma), see 11600-11620

CPT pg. 110
New Codes, Musculoskeletal Shoulder Prosthesis

- 23333 deep (subfascial or intramuscular)
- 23334 Removal of prosthesis, includes debridement & synovectomy when performed; humeral or glenoid component
- 23335 humeral **and** glenoid components

CPT pg. 122
Introduction or Removal: Musculoskeletal

- 23330 removal of foreign body shoulder, subcutaneous

- Change in parenthetical notes:
  - 23331, 23332 have been deleted
  - To report removal of foreign body, see 23330, 23333
Introduction or Removal Codes

• 20680 Removal of implant, deep (put in by surgeon)
• 23330 Removal of subcutaneous FB
• 23333 Removal of Deep FB
• 23334 Removal of one component shoulder arthroplasty
• 23335 Removal of both components shoulder arthroplasty
Elbow Prosthesis Description Change

- 24160 & 24164 changes from removal of “implant” to “prosthesis”

CPT pg. 125
New Code: Musculoskeletal Arthrodesis

• 0334T Sacroiliac joint stabilization for arthrodesis, percutaneous or minimally invasive (Indirect visualization) included obtaining and applying autograft or allograft (structural or morselized), when performed, including imaging guidance when performed (eg CT or fluoroscopic)

CPT pg. 644
Respiratory
Larynx Endoscopy

• New parenthetical note for codes: 31505, 31510, 31511, 31512
  For endoscopic procedures, report appropriate endoscopy of each anatomic site examined. **Laryngoscopy includes exam of the tongue base, larynx, and hypopharynx.**
CPT pg. 169
Lungs & Pleura Revision of Parentheticals

• 32550 Insertion of indwelling tunneled pleural catheter with cuff

• (Do not report 32550 in conjunction with 32554, 32555, 32556, 32557 when performed on the same side of the chest)

CPT pg. 176
Lungs & Pleura Revision of Parentheticals

• + 32674 with mediastinal and regional lymphadenectomy (list separately in addition to code for primary procedure)

•◊ Revised parentheticals to report with 32674 there are several and too many to list but they are located on pg. 178 of 2014 CPT.

CPT pg. 178
Pacemaker & Pacing Cardioverter Defibrillator

Codes changed description from revision to relocation:

* 33222 Relocation of skin pocket for pacemaker

• 33223 Relocation of skin pocket for cardioverter defibrillator
  CPT pg. 189
New Category III Codes

Intro Guidelines

• For removal of pulse generator only with replacement use 0322T
• For removal with replacement use 0233T
• For insertion of new pulse generator when leads are already in place use 032T (without other generator to remove)
• For pulse generator insertion or replacement involves lead insertion or replacement use 0319T  
CPT – pg. 643
New Category III Codes: Intro Guidelines

• Removal of existing pulse generator use 0322T CPT pg. 643
Heart & Pericardium

• 33366, Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)

• Replaces Category III Code 0318T

CPT pg. 193
Heart & Pericardium

- Codes 33361, 33362, 33363, 33364, 33365, 33366 are used to report transcatheter aortic valve replacement (TAVR/transcatheter aortic valve implantation TAVI). TAVR/TAVI requires two physician operators and all components of the procedure are reported using modifier -62.

- These codes include the work, when performed, of percutaneous access, placing the access sheath, balloon aortic valvuloplasty, advancing the valve delivery system into position, repositioning the valve, temporary pacemaker insertion for rapid pacing (33210) and closure of the arteriotomy when performed. Codes 33361, 33362, 33363, 33364, 33365 include open arterial or cardiac approach.

CPT pg. 193
New Codes & Guideline: Aortic Valve

• +33367 Cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg femoral vessels) (List separately in addition to code for primary procedure)

• Use 33367 with 33361 – 33366

• Do not report 33367 with 33368, 33369

CPT pg. 193
F.E.V.A.R

- Conversion from Category III codes to Category 1 codes
- Deleted: 0078T – 0081T
- New: 34841 – 34848

CPT pg. 207
F.E.V.A.R Guidelines

Codes 34841 – 34848 Include:

Balloon Angioplasty within the target treatment zone of the endograft, either before or after endograft deployment.

CPT pg. 207
New Code: Transcatheter Placement Intravascular Stent(s)

• 37217 includes:

• See New and Revised notes in green on CPT pg. 233
Endovascular Stent Placement

- Deleted Codes: 37205-37208, 75960

- New Codes: 37236 – 37239 pg. 236 of CPT
Transcatheter Occlusion/Embolization

- Deleted Codes: 37204 and 37210
- New Codes: 37241-37244
- CPT 2014 pg. 238
Transcatheter Occlusion/Embolization

• 37241 report for venous conditions other than hemorrhage

• Examples:
  Capillary hemangiomas, visceral varices, & varicoceles
  Codes 75894 RS&I & 75898 f/u study are bundled into 37241. CPT pg. 238
Transcatheter Occlusion/Embolization

• 37242 report for arterial conditions other than hemorrhage or tumor

• Examples:
  Aneurysms & pseudoaneurysms, and arteriovenous malformations

CPT pg. 238
Transcatheter Occlusion/Embolization

• 37243 report for vascular embolization of tumors and/or for organ infarction or ischemia

• Example:
  Benign or malignant tumors of the liver, kidney, uterus (uterine fibroid) or other organs

CPT pg. 238
Transcatheter Occlusion/Embolization

• 37244 report for treatment of hemorrhage, vascular or lymphatic extravasation.

Example: GI Bleed, uterine arteries for hemorrhage (postpartum hemorrhage). hemoptysis - bronchial artery.

CPT pg. 238
New Codes: Renal Denervation

- 0338T Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture
- 0339T bilateral

- CPT pg. 644
Revision of Parentheticals

+ 38746 Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy

Report 38746 in conjunction with 19260, 31760, 31766, 31786, 32096-32200, 32220-32320 etc. CPT pg. 243
Code Deleted

- 42802 Bx hypopharynx deleted due to low reporting.

CPT pg. 252
Endoscopy Changes Overview

• New parentheticals
• New Guidelines
• 6 New rigid esophagoscopy codes
  43191-43196

2 new transnasal flexible codes 43197 &
43198  CPT. 254
New Guidelines

• Endoscopy:
  Control of bleeding instruction
  control of bleeding that occurs as a result of the endoscopic procedure is not separately reported during the same operative session.
  Anatomic structure that are included in an esophagoscopy are now specified
Separate Procedures

• Parent codes 43191, 43197, 43200, 43235 & 43260 – separate procedures

• Separate Procedures:

• May not be reported in conjunction with the other codes in their respective families.

• The procedures described in the parent codes are inherently included in the other services.
Upper Endoscopy

• 3 Sub sections
• Esophagoscopy (43191- 43233)
• Esophagogastroduodenoscopy (EGD) 43235-43259 with codes out of sequence
  43233 is on pg. 258
  43266 is on pg. 258
  43270 is on pg. 258
Endoscopic Retrograde Cholangiopancreatography (ERCP) 43260-43273 with codes out of sequence
  43274 – 43280 on pg. 260 CPT
Esophagoscopy

- Rigid, Transoral (43191 – 43196) New pg. 254
- Flexible Transnasal (TNE); Diagnostic: 43197, Biopsy
- 43198 New
- Transoral (43200-43233)
  previously described as rigid or flexible
Flexible esophagoscopy codes include moderate sedation  CPT pg. 255
New Codes: Rigid Esophagoscopy

- 43191 Esophagoscopy, rigid, transoral; diagnostic includes collection of specimen(s) by brushing or washing when performed (separate procedure)
- 43192 with directed submucosal injection(s), any substance
- 43193 with biopsy, single or multiple
- 43194 with removal
- 43195 with balloon dilation (less than 30 mm diameter)
- 43196 with insertion of guide wire followed by dilation overguide wire
New Codes: Transnasal Flexible Esophagoscopy

- 43197 Esophagoscopy, flexible, transnasal; diagnostic, includes collection of specimen(s) by brushing or washing, when performed (separate procedure)
- 43198 with biopsy, single or multiple

CPT pg. 255
Endoscopic Mucosal Resection (EMR)

• Can include injection assisted, cap-assisted, and ligation-assisted techniques

• All techniques involve:
  
  Identification & demarcation of the lesion
  
  Submucosal injection to lift the lesion
  
  Endoscopic snare resection
New Codes: EMR

• 43211 Esophagoscopy – Not reported if EMR performed on same lesion as bx 43202 this code is out of numerical sequence.
• 43254 EGD – Not reported if EMR performed on same lesion as bx 43239 - CPT pg. 258

CPT pg. 255
EMR/Esophagoscopy

• Previously reported using 43201 Injection, 43205 band ligation, 43217 snare

• Now report using 43211 New Code

• Don’t report 43211 & 43202 if performed on same lesion

CPT. Pg. 255
EMR/ED

• Previously reported using 43236 injection, 43244 band ligation, 43251 snare

• Now report using 43254
• Don’t report 43254 & 43239 if performed on same lesion

CPT pg. 258
EGD, Esophagoscopy, ERCP

• Stent Placement
  Previously used 43219, 43256, 43268 (deleted)
  New codes: 43212 Esophagoscopy
              43266 EGD
              43274 ERCP (includes Sphincterotomy)
              43241 Revised for consistency

CPT pgs. 255-260
Retrograde Esophageal Dilation

- 43213 Added
  Esophagoscopy, retrograde, dilation
  Fluoroscopic guidance included pg. 256
  Code 43456 deleted – pg. 262

43245 – Revised
  Revised to describe dilation of aortic/duodenal strictures
  Guide wire example removed       CPT pg. 257
New Codes: Dilation

- 43214 & 43233 New codes added for upper endoscopy w/balloon dilation ≥ 30 mm
- 43214 Esophagoscopy
- 43233 EGD
- Fluoroscopy included

CPT pg. 256-258
New Codes EGD Section

- 43233 balloon dilation ≥ 30 mm
- 43253 EUS with transmural injection
- 43254 endoscopic mucosal resection (EMR)

- CPT pg. 258
New Codes: Drainage of Abscess

• 49405 report for image guided fluid collection drainage by catheter, visceral (eg, kidney, liver, spleen, lung) percutaneous
• 49406 peritoneal or retroperitoneal, percutaneous
• 49407 peritoneal or retroperitoneal, transvaginal or transrectal
• CPT pg. 286
New Code Ureter & Pelvis

• 52356 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double J type)

• CPT pg. 306
Bladder

• 51702 Insertion of temporary indwelling bladder catheter, simple (eg, foley)
• Do not report 51702 in conjunction with 0071T, 0072T
• CPT pg. 302
Female

- Ovary:

- 58823 Drainage of pelvic abscess (transvaginal or transrectal) was DELETED pg. 329

- 0336T laparoscopy, surgical, ablation of uterine fibroids includes intraoperative US guidance & monitoring NEW - CPT pg. 644
Nervous System Overview

• Revisions of chemodenervation codes

❖ Deletion of codes 64613, 64614 pg. 362
❖ Addition of codes 64616, 64617 pg. 362
❖ Addition of 6 new codes 64642-64647 CPT pg. 363
New 64642-64645 Chemodenervation of somatic nerves

• Reported once per extremity
• Report only one base code 64642 or 64644 per session
• New parenthetical notes for these codes
  CPT pg. 363
• New Code: 66183 Aqueous Shunt

• 66183 Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach - CPT pg. 372
Auditory – External Ear

- 69210  Removal of cerumen impaction requiring instrumentation
  - Reports unilateral removal
  - Requires use of instrumentation
  - Report E/M service when cerumen is not impacted or removal doesn’t require instrumentation, eg by irrigation only

CPT pg. 384
Radiology

• 77002 Fluoroscopic guidance for needle placement (eg biopsy, aspiration, injection, localization device)

❖ Is included in all arthrography radiological supervision & interpretation codes
CPT pg. 417