

To: APS Clients

From: Elizabeth Morales
Coding Manager

Re: 2020 CPT Code Changes

The following codes will be effective 1/1/2020

CPT •New ΔRevised	Description	Comments
Integumentary System		
•15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	These codes vary based on the amount of injectate and the grafting site. The 2020 code set also deletes 20926 for other tissue grafts, but it adds 15769 (<i>Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)</i>).
•15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	
+•15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	
•15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	
+•15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	

Musculoskeletal System		
•20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Like the trigger point injection codes, 20560 and 20561 describe needle insertion into trigger points. But unlike the trigger point codes, no medication (dry needling) is administered through the needles.
•20561	Needle insertion(s) without injection(s); 3 or more muscles	
+•20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	Codes 20700-20705 describe manual preparation and

+•20701	Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	insertion of implants designed to deliver drugs, such as antibiotics, to deep musculoskeletal spaces. The implants may take the form of beads, intramedullary nails or temporary joint spacers, placed when a patient develops an infection around a joint arthroplasty, requiring its removal.
+•20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	
+•20703	Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	
+•20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	
+•20705	Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	
•21601	Excision of chest wall tumor including rib(s)	Chest tumor excision codes from 19260, 19271, and 19272 (all deleted for 2020) to new codes 21601-21603.
•21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy	
•21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy	
Δ 31233	Nasal/sinus endoscopy, diagnostic with maxillary sinuscopy (via inferior meatus or canine fossa puncture) with maxillary sinuscopy (via inferior meatus or canine fossa puncture)	The AMA reworked the descriptors so the codes can be arranged into more specific families. For instance, 31295-31298 will no longer have just “Nasal/sinus endoscopy, surgical” before the semicolon in the descriptor. Instead, they all will start with the phrase “Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation)” before the semicolon.
Δ 31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinuscopy (via puncture of sphenoidal face or cannulation of ostium) with sphenoid sinuscopy (via puncture of sphenoidal space or cannulation of ostium)	
Δ 31292	Nasal/sinus endoscopy, surgical; <u>with orbital decompression</u> ; with medial or inferior orbital wall decompression	
Δ 31293	Nasal/sinus endoscopy, surgical <u>with orbital decompression</u> ; with medial orbital wall and inferior orbital wall decompression	
Δ 31294	Nasal/sinus endoscopy, surgical, with optic nerve decompression	
Δ 31295	Nasal/sinus endoscopy, surgical, <u>with dilation (eg, balloon dilation)</u> ; with dilation of maxillary sinus ostium, (eg, balloon dilation) transnasal or via canine fossa	
Δ 31296	Nasal/sinus endoscopy, surgical, <u>with dilation (eg, balloon dilation)</u> with dilation of frontal sinus ostium (eg, balloon dilation)	
Δ 31297	Nasal/sinus endoscopy, surgical; <u>with dilation (eg, balloon dilation)</u> ; with dilation of sphenoid sinus ostium (eg, balloon dilation)	

Δ 31298	Nasal/sinus endoscopy, surgical; <u>with dilation (eg, balloon dilation); with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)</u>	
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Cardiovascular System		
•33016	Pericardiocentesis, including imaging guidance, when performed	Replaces pericardiocentesis codes 33010 and 33011 with 33016, which includes all imaging guidance.
•33017	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly	CPT 33015 have been deleted and replaces with comprehensive codes that include all imaging guidance
•33018	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac	
•33019	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance	
Δ 33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	Imaging guidance is now included into the descriptor.
•33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection	Ascending aorta graft code 33860 is replaced by 33858 (for aortic dissection) and 33859 (not for dissection). In place of 33870, a more detailed code was developed (CPT 33871).
•33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)	
•33871	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation)	
+•34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer,	You'll use +34717 as an add-on code with iliac endovascular repair codes 34703-34706. Code 34718 will be a standalone code for iliac repair "not associated with placement of an aorto-iliac artery endograft at the same session."

•34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral	
Δ 35701	Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)	If you report artery exploration without surgical repair, get ready to update your code. You'll still have 35701, but it will change from carotid only to cover any neck artery, with carotid and subclavian given as examples. You'll also have 35702 for the upper extremity and 35703 for lower extremity services. Codes 35721 (femoral), 35741 (popliteal), and 35761 (other) will be deleted.
•35702	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)	
•35703	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)	

Digestive System		
Δ 46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group, without imaging guidance	Ligation codes 46945 and 46946 will have the phrase "without imaging guidance" added to the descriptors. A new code, 46948, provides a specific option for transanal dearterialization of two or more hemorrhoid columns or groups, including ultrasound guidance.
Δ 46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups, without imaging guidance	
•46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	
•49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration	These codes have been established to report preperitoneal pelvic packing and re-exploration with removal of preperitoneal pelvic packing.
•49014	Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed	
Δ 54640	Orchiopexy, inguinal approach, with or without hernia repair or scrotal approach	CPT has been revised by removing the hernia reference.

Nervous System		
Δ 62270	Spinal puncture, lumbar, diagnostic;	These codes have been revised to specify that they are performed without ultrasound guidance
Δ 62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);	
•62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	These codes have been established to specify that they are performed with guidance .
•62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	
Δ64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	<p>The major update of CPT’s 64400-64454 is that the descriptor wording before the semicolon changes from “Injection, anesthetic agent” to “Injection(s), anesthetic agent(s) and/or steroid.” This change affects every code in that code family. Some of the codes within the code family will see individual updates, such as deletion of 64402 (facial nerve), 64410 (phrenic nerve), and 64413 (cervical plexus).</p> <p>Watch for these revisions, too:</p> <ul style="list-style-type: none"> Code 64400 will change from “trigeminal nerve, any division or branch” to “trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)” Codes 64415 (brachial plexus), 64445 (sciatic nerve), and 64447 (femoral nerve) will remove “single” from their descriptors
Δ 64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	
Δ 64408	Injection(s), anesthetic agent(s) and/or steroid; vagus nerve	
Δ 64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus	
Δ 64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement)	
Δ 64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve	
Δ 64418	Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve	
Δ 64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level	
Δ 64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)	
Δ 64425	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves	
Δ 64430	Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve	
Δ 64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve	
Δ 64445	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve	
Δ 64446	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement)	
Δ 64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve	

Δ 64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement)	<ul style="list-style-type: none"> • Code 64420 will add “level” to become “intercostal nerve, single level” • Code 64421 will become an add-on code for 64420 and change from “multiple, regional block” to represent “each additional level” • There will be two new codes, 64451 for “nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)” and 64454 for “genicular nerve branches, including imaging guidance, when performed.”
Δ 64449	Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	
Δ 64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	
•64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	
•64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	
•64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	
•64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	CPT 64624 for genicular nerve branch destruction by neurolytic agent, including imaging guidance if used. And you’ll use 64625 for radiofrequency ablation of nerves innervating the SI joint, with imaging guidance.

Radiology		
Δ 74022	Radiologic examination, abdomen ; complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, and/or decubitus views), and a single view chest	Descriptor revised to include the number of views for the abdomen.
Δ 74210	Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study; pharynx and/or cervical esophagus	Descriptor revised to include scout radiograph (s) of the neck, delayed image(s), and single-contrast study .
Δ 74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; esophagus single-contrast (eg, barium) study	Descriptor revised to include scout chest radiographed, delayed image(s), and single-contrast study .
•74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study	CPT has been established for a double-contrast radiologic examination of the esophagus.
Δ 74230	Swallowing Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	Descriptor revised to include scout neck radiograph(s) and delayed image(s)
Δ 74240	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; with or without delayed images single-contrast (eg, barium) study	Descriptor revised to include scout abdominal radiographs.
Δ 74246	with or without delayed images double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered	Descriptor revised to include double contrast .
+•74248	Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)	Several CPT codes will be deleted (74241, 74245, 74247, 74249) and adds small intestine follow-through code +74248 for use with 74240 and 74246.
Δ 74250	Radiologic examination, small intestine, includes including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study	Descriptor revised to include scout abdominal radiograph(s) and single contrast .
Δ 74251	double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered	Descriptor revised to include scout abdominal radiograph(s) and double contrast .
Δ 74270	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) enema, with or without KUB study	Descriptor revised to include scout abdominal radiograph(s), delayed images and single contrast .

Δ 74280	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; air double-contrast with specific (eg, high density barium and air) study, with or without glucagon including glucagon, when administered	Descriptor revised to include scout abdominal radiograph(s), delayed images and double contrast .
•78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	CPT range 78429-78433 have been established to report myocardial imaging positron emission tomography (PET) studies with computed tomography (CT) transmission scan, as well as to report studies at rest and/or during stress.
•78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	
•78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	
•78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	
•78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	
+•78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	
Δ 78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	CPT 78459-78492 descriptor updated to include the highlighted.

Δ 78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	
Δ 78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	
Δ 78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); limited planar, single area (eg, head, neck, chest, pelvis), single day imaging	Descriptor has been revised to specify planar, single-area, single-day imaging.
Δ 78801	Multiple planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days	Descriptor has been revised from “multiple area” to specify planar, 2 or more areas, 1 or more days imaging or single area imaging over 2 or more days.
Δ 78802	planar, whole body, single day imaging	Descriptor revised to specify planar.
Δ 78803	tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging	Descriptor revised to add single-area, single-day imaging.
Δ 78804	planar, whole body, requiring 2 or more days imaging	Descriptor revised to specify planar.
•78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging	CPT 78830-78832 have been added to report nuclear medicine tomographic SPECT studies for radiopharmaceutical localization of tumor. Use 78830 for single-area and single-day with concurrent CT.
•78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	For at least two areas on one day or a single area on multiple days, use 78831. And choose 78832 for a 78831 service with concurrent CT.

•78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	
+•78835	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)	Add-on code has been established to report radiopharmaceutical quantification measurement(s).

Pathology and Laboratory		
•80145	Adalimumab	Six new therapeutic drug essay codes have been established.
•80187	Posaconazole	
•80230	Infliximab	
•80235	Lacosamide	
•80280	Vedolizumab	
•80285	Voriconazole	
•81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Four new Tier 1 molecular pathology codes have been established.
•81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	
•81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	
•81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	
Δ 81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	
Δ 81404	Molecular Pathology procedure Level 5 (Tier 2)	Descriptor to include UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, hereditary unconjugated hyperbilirubinemia [Crigler-

		Najjar syndrome]) full gene sequence
Δ 81406	Molecular Pathology procedure Level 7 (Tier 2)	Removed PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer), full gene sequence to Tier 1.
Δ 81407	Molecular Pathology procedure Level 8 (Tier2)	Descriptor to include APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B) full gene sequence
•81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	Three new multianalyte assay codes with algorithmic analyses has been established.
•81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	
•81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	
•87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	New microbiology code has been established.

Medicine		
•90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	Two new codes have been established: 90619 for reporting meningococcal and 90694 for reporting Influenza virus vaccine both performed intramuscular.
•90694	Influenza virus vaccine, quadrivalent (allV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	

Medicine/Cardiovascular		
+•93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	+93356 will allow you to report myocardial strain imaging using speckle tracking-derived assessment alongside echocardiography codes 93303-93308, 93350, and 93351

Medicine/Pulmonary		
•93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study	A complete extremity duplex scan includes evaluation of both arterial inflow and venous outflow for pre-op vessel assessment prior to creation of hemodialysis access, either 93985(bilateral) or 93986 (unilateral) will be reported.
•93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study	

Medicine/Neurology and Neuromuscular		
•95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	The code includes, but doesn't require, video and takedown.
•95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	CPT 95705-95716 describe the technical component of services. You'll choose among the codes based on use of video, the EEG time (two to 12 hours or 12 to 26 hours), and whether there was no monitoring, intermittent monitoring and maintenance, or continuous monitoring and maintenance.
•95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	
•95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	
•95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	
•95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	
•95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	
•95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	

•95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	
•95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	
•95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	
•95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	
•95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	
•95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	CPT codes 95717-95726 describe the professional services performed by a physician or other qualified health care professional for reviewing, analyzing, interpreting and reporting the results of the continuous recording, EEG/VEEG with recommendations based on the findings of the studies. These codes do not include E/M services, which may be reported separately.
•95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	
•95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video	
•95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	
•95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video	

•95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)	
•95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video	
•95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)	
•95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video	
•95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)	
Δ 95813	Electroencephalogram (EEG) extended monitoring; greater than 1 hour 61-119 minutes	Descriptor changed to report time longer than 40 minutes.

Medicine/Health Behavior Assessment and Intervention		
•96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	CPT codes 96156-96171 describe services offered to patients who present with primary physical illnesses, diagnoses, or symptoms and may benefit from assessments and interventions that focus on the psychological and/or psychosocial factors related to the patient's health status.
•96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	
•96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	
•96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	
•96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	
•96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	

•96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	
•96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	
•96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	
•97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	CPT 97129 and 97130 have been established to report therapeutic intervention procedures that focus on cognitive function.
+•97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	

To: APS Clients

From: Elizabeth Morales
Coding Manager

Re: 2019 Deleted CPT Codes

The following codes will be effective 1/1/2020

CPT	Deleted CPT Description	Comments
0205T	Intravascular catheter-based coronary vessel or graft spectroscopy (eg, infrared) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report, each vessel (List separately in addition to code for primary procedure)	
0206T	Computerized database analysis of multiple cycles of digitized cardiac electrical data from two or more ECG leads, including transmission to a remote center, application of multiple nonlinear mathematical transformations, with coronary artery obstruction severity assessment	
0249T	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance	To report, see code(s) To report, see ~ <u>46984</u>
0254T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma, dissection) using bifurcated endograft from the common iliac artery into both the external and internal iliac artery, including all selective and/or nonselective catheterization(s) required for device placement and all associated radiological supervision and interpretation, unilateral	To report, see code(s) To report, see ~ <u>34717-34718</u>
0341T	Quantitative pupillometry with interpretation and report, unilateral or bilateral	
0357T	Cryopreservation; immature oocyte(s)	
0375T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection), cervical, three or more levels	
0377T	Anoscopy with directed submucosal injection of bulking agent for fecal incontinence	
0380T	Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report	
0399T	Myocardial strain imaging (quantitative assessment of myocardial mechanics using image-based analysis of	To report, see code(s) To report, see ~ <u>93356</u>

	local myocardial dynamics) (List separately in addition to code for primary procedure)	
0482T	Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List separately in addition to code for primary procedure)	
19260	Excision of chest wall tumor including ribs	To report, see code(s) To report, see ~ <u>21601</u>
19271	Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy	To report, see code(s) To report, see ~ <u>21602</u>
19272	Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy	To report, see code(s) To report, see ~ <u>21603</u>
19304	Mastectomy, subcutaneous	
20926	Tissue grafts, other (eg, paratenon, fat, dermis)	
33010	Pericardiocentesis; initial	To report, see code(s) To report, see ~ <u>33016-33019</u>
33011	Pericardiocentesis; subsequent	To report, see code(s) To report, see ~ <u>33016-33019</u>
33015	Tube pericardiostomy	To report, see code(s) To report, see ~ <u>33017-33019</u>
33860	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed	To report, see code(s) To report, see ~ <u>33858-33859</u>
33870	Transverse arch graft, with cardiopulmonary bypass	To report, see code(s) To report, see ~ <u>33871</u>
35721	Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery	
35741	Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery	
35761	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels	
43401	Transection of esophagus with repair, for esophageal varices	
64402	Injection, anesthetic agent; facial nerve	To report, see code(s) To report, see ~ <u>64999</u>
64410	Injection, anesthetic agent; phrenic nerve	To report, see code(s) To report, see ~ <u>64999</u>
64413	Injection, anesthetic agent; cervical plexus	To report, see code(s) To report, see ~ <u>64999</u>
74241	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB	To report, see code(s) To report, see ~ <u>74240</u>

74245	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images	To report, see code(s) To report, see ~74240, 74248
74247	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high-density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB	To report, see code(s) To report, see ~74246
74249	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high-density barium, effervescent agent, with or without glucagon; with small intestine follow-through	To report, see code(s) To report, see ~74246, 74248
74260	Duodenography, hypotonic	To report, see code(s) To report, see ~74251
76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	To report, see code(s) To report, see ~33016-33018
78205	Liver imaging (SPECT);	To report, see code(s) To report, see ~78803
78206	Liver imaging (SPECT); with vascular flow	
78320	Bone and/or joint imaging; tomographic (SPECT)	To report, see code(s) To report, see ~78803
78607	Brain imaging, tomographic (SPECT)	To report, see code(s) To report, see ~78803
78647	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)	To report, see code(s) To report, see ~78803
78710	Kidney imaging morphology; tomographic (SPECT)	To report, see code(s) To report, see ~78803
78805	Radiopharmaceutical localization of inflammatory process; limited area	To report, see code(s) To report, see ~78300, 78305-78306, 78315, 78800-78803, 78830-78832
78806	Radiopharmaceutical localization of inflammatory process; whole body	To report, see code(s) To report, see ~78300, 78305-78306, 78315, 78800-78803, 78830-78832
78807	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)	To report, see code(s) To report, see ~78300, 78305-78306, 78315, 78800-78803, 78830-78832
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry	To report, see code(s) To report, see ~90912-90913
92225	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial	To report, see code(s) To report, see ~92201-92202

99226	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent	To report, see code(s) To report, see ~ <u>92201-92202</u>
92399	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	To report, see code(s) To report, see ~ <u>93297-93298</u>
95827	Electroencephalogram (EEG); all night recording	To report, see code(s) To report, see ~ <u>95705-95707, 95711-95713, 95717-95718</u>
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	To report, see code(s) To report, see ~ <u>[97161], [97162], [97163], [97164], [97165], [97166], [97167], [97168], [97169], [97170], [97171], [97172]</u>
95832	Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side	To report, see code(s) To report, see ~ <u>[97161], [97162], [97163], [97164], [97165], [97166], [97167], [97168], [97169], [97170], [97171], [97172]</u>
95834	Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands	To report, see code(s) To report, see ~ <u>[97161], [97162], [97163], [97164], [97165], [97166], [97167], [97168], [97169], [97170], [97171], [97172]</u>
95950	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours	To report, see code(s) To report, see ~ <u>95700-95726</u>
95951	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours	To report, see code(s) To report, see ~ <u>95700-95726</u>
95953	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended	To report, see code(s) To report, see ~ <u>95700-95726</u>
95956	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse	To report, see code(s) To report, see ~ <u>95700-95726</u>
96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented	To report, see code(s) To report, see ~ <u>96156, 96158-96159</u>

	questionnaires), each 15 minutes face-to-face with the patient; initial assessment	
96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment	To report, see code(s) To report, see ~ <u>96156, 96158-96159</u>
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	To report, see code(s) To report, see ~ <u>96156, 96158-96159</u>
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	To report, see code(s) To report, see ~ <u>96164-96165</u>
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	To report, see code(s) To report, see ~ <u>96167-96168</u>
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)	To report, see code(s) To report, see ~ <u>96170-96171</u>
97127	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact	To report, see code(s) To report, see ~<u>97129</u>
98969	Online assessment and management service provided by a qualified nonphysician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network	To report, see code(s) To report, see ~ <u>98970-98972</u>
99444	Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network	To report, see code(s) To report, see ~ <u>99421-99423</u>