CPT Coding Updates Effective January 1, 2020

Effective on January 1, 2020 are the new CPT code updates. This 2020 there are 394 changes, including 248 new codes, 71 deletions and 75 revisions. It is important to be aware of these changes as they impact correct coding and reimbursement for provided services. NEPHO is in the process of researching guidelines to ensure accurate education rollout of these new updates. Please contact Shawn Bromley at shawn.m.bromley@lahey.org or 978-236-1704 if you would like to have an education session at your practice and/or have questions related to these 2020 updates. There are many new updates to the Surgery Section of CPT and having a solid understanding of the changes is necessary for accurate coding and billing.

Updates include the following:

- **6 new CPT codes to report online digital E/M service**: These codes are for use when Evaluation and Management (E/M) services are performed, type that would be done face-to-face, are performed through a HIPAA compliant secure platform. These are for patient-initiated communications, and may be billed by providers who bill E/M services. 99421, 99422 and 99423 describe patient-initiated digital communications with a physician or other qualified health professional and 98970, 98971 and 98972 represent patient-initiated digital communications with a nonphysician health professional.

  Additional requirements for 99421, 99422 and 99423:

  - The interaction must be documented in the permanent record.
  - If within seven days of the initiation of the online service a face-to-face E/M service occurs, then the time of the online service or decision-making complexity may be used to select the E/M service, but this service may not be billed.
  - If the patient initiates this online service within seven days after an E/M service for the same problem, these codes may not be billed.
  - If the patient inquiry is within seven days of an E/M service for a new problem, the online service may be reported.
  - This is for established patients, per CPT.
  - This may not be billed by surgeons during the global period.
  - The digital service must be provided via a HIPAA compliant platform, such as an electronic health record portal, secure email or other digital applications.
- **2 new codes for home blood-pressure monitoring**: Also spurred by the popularity of digital health tools, new codes 99473 and 99474 will allow reporting self-measured blood pressure monitoring. Tracking blood pressure at home helps patients take an active role in the process and enables physicians to better diagnose and treat hypertension.
- **Updates for health and behavior assessment and intervention services**: New codes 96156, 96158, 96164, 96167, and 96170, and add-on codes 96159, 96165, 96168, and 96171 for health and behavior assessment and intervention services will replace six older codes. This update is intended to more accurately reflect current clinical practice that increasingly emphasizes interdisciplinary care coordination and teamwork with physicians in primary care and specialty settings."
- **Significant enhancements for reporting long-term electroencephalographic (EEG) monitoring services (95700-95726)**: Monitoring the electrical activity of the brain is critical to diagnose epilepsy. Four older codes have been deleted to make way for 23 new codes for long-term electroencephalographic (EEG) monitoring services.

- **Surgical Section Updates:**
    - **Grafting:** Watch for four new codes for grafting of autologous fat harvested by liposuction, 15771-15774. The codes vary based on the amount of injectate and the grafting site. The 2020 code set deleted 20926 for other tissue grafts, but added 15769 (*Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)*).
    - **Needle insertions:** Dry needling will have two new codes with 20560 (1-2 muscles) and 20561 (3 or more muscles) representing needle insertion without injection.
    - **Drug–delivery devices:** There will be six new add-on codes, +20700-+20705, related to drug-delivery devices. Three codes are for manual preparation and insertion, varying based on deep, intramedullary, or intra-articular placement. There will be three additional codes for removal based on those same locations. Report these codes along with the appropriate primary surgical procedure.
    - **Chest wall tumor excision:** New codes for chest tumor excision are 21601-21603 and deleted are 19260, 19271 and 19272.
    - **Nasal/sinus endoscopy:** Several nasal/sinus endoscopy codes will carry the triangle symbol that indicates a revision for 2020. The AMA reworked the descriptors so the codes can be arranged into more specific families. 31295-31298 will no longer have just "Nasal/sinus endoscopy, surgical" before the semicolon in the descriptor. All will start with the phrase "Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation)" before the semicolon.
    - **Pericardial services:** The 2020 code set will replace pericardiocentesis codes 33010 and 33011 with 33016, which includes any imaging guidance. Code 33015 for tube pericardiostomy is deleted. Pericardial drainage codes include 33017-33019.
    - **Pacemaker removal:** A revision to 33275 brings the existing guideline that the code includes imaging guidance into the descriptor for this leadless pacemaker removal code.
    - **Aortic arch grafts:** Ascending aorta graft code 33860 will be replaced by 33858 (for aortic dissection) and 33859 (not for dissection). In place of 33870, watch for more detailed code 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)*).
    - **Endovascular repair:** Deleted 0254T for iliac artery bifurcation endovascular repair. CPT 2020 will have +34717 and 34718 for deployment of an iliac branched endograft. 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."
    - **Artery exploration:** Artery exploration without surgical repair has updated but there is still 35701, but it will change from carotid only to cover any neck artery, with carotid and subclavian. 35702 for the upper extremity and 35703 for lower extremity services. Codes 35721 (femoral), 35741 (popliteal), and 35761 (other) will be deleted.
    - **Hemorrhoidectomy:** Internal hemorrhoidectomy coding has changes for 2020 that include; 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.
    - **Pelvic packing:** New codes for preperitoneal pelvic packing with exploration are 49013 and re-exploration of the wound with packing removal and any repacking 49014.
    - **Orchiopexy:** Code 54640 has been updated in 2020. Before 2020, the descriptor referred to inguinal orchiopexy with or without hernia repair, suggesting the code included hernia repair.

But CPT guidelines instructed you to report the services separately: “For inguinal hernia repair performed in conjunction with inguinal orchiopexy, see 49495-49525.” The 2020 code set keeps that guideline to report the services separately and clarifies the descriptor by removing the hernia reference: “Orchiopexy, inguinal or scrotal approach.”

- **Spinal puncture:** There will be an imaging guidance update for spinal puncture. Continued codes are 62270 (lumbar diagnostic) and 62272 (therapeutic), but you’ll also have new options 62328 and 62329 for when those services respectively use fluoroscopic or CT guidance.
- **Nerve injection:** The update 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 the 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). Additional revisions include:
    - 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
    - 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.”
- **Nerve destruction:** The sacroiliac (SI) joint and genicular nerves mentioned above get additional attention in two more new codes: 64624 for genicular nerve branch destruction by neurolytic agent, including imaging guidance if used and 64625 for radiofrequency ablation of nerves innervating the SI joint, with imaging guidance.
- **Ciliary body destruction:** Code 66711 will add “without concomitant removal of crystalline lens” to the end of the current descriptor, “Ciliary body destruction; cyclophotocoagulation, endoscopic.” When there is lens removal, guidelines will direct to new codes 66987 and 66988.
- **Cataract removal:** Code 66984 and complex removal code 66982 will each have “without endoscopic cyclophotocoagulation” added to the ends of their descriptors. This change makes room for the addition of 66987 (complex) and 66988 for the removal procedures with endoscopic cyclophotocoagulation.