CPT and HCPCS Changes for 2018

The Current Procedural Terminology (CPT) code set for 2018 includes a few updates of interest to ob-gyns. As in previous years, extensive new instructions and guidelines have been added to the CPT manual to help clarify coding in a variety of situations. This new guidance is in addition to new, revised, and deleted CPT codes for 2018. These changes will take effect on January 1, 2018.

HIPAA requires insurers to accept new procedure codes beginning January 1st.

The American Medical Association CPT Editorial Panel approved these changes for 2018.

**NEW, REVISED, AND DELETED CPT CODES**

**EVALUATION AND MANAGEMENT**

**Observation Care Discharge Services**

The code description language for codes 99217-99220 has been revised to add “outpatient hospital” to the code descriptions.

99217  Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from *outpatient hospital* "observation status" if the discharge is on other than the initial date of "observation status"…)

99218  Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to *outpatient hospital* "observation status" are of low severity…

99219  Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to *outpatient hospital* "observation status" are of moderate severity…

99220  Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to *outpatient hospital* "observation status" are of high severity…
Cognitive Assessment and Care Plan Services
A new code section for Cognitive Assessment and Care Plan Services has been added to CPT with new code:

- **99483**
  Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements:
  - Cognition-focused evaluation including a pertinent history and examination;
  - Medical decision making of moderate or high complexity;
  - Functional assessment (eg, basic and instrumental activities of daily living) including decision-making capacity;
  - Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]);
  - Medication reconciliation and review for high-risk medications;
  - Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s);
  - Evaluation of safety (eg, home), including motor vehicle operation;
  - Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks;
  - Development, updating or revision, or review of an Advance Care Plan;
  - Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neurocognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support.

SURGERY

Integumentary System
Code **17250**, Chemical cauterization of granulation tissue (ie, proud flesh), has been revised to remove the terms “sinus or fistula” from the code description.

There is now a new code for placement of a radiotherapy applicator.

- **19294**
  Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for the primary procedure)
  (Use 19294 in conjunction with 19301, 19302)

Lymph Nodes and Lymphatic Channels
A new laparoscopic lymphadenectomy code with omentectomy has been added to the CPT code set.

- **38573**
  Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed.
Female Genital System
Vagina
Repair
The code descriptions for codes 57240, 57260, and 57265 have been revised to include the words “including cystourethroscopy, when performed”. Parentheticals have been added to each code stating that code 52000 may not be reported with any of these codes.

The revised code descriptions are as follows:

57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed
57260 Combined anteroposterior colporrhaphy; including cystourethroscopy, when performed
57265 Combined anteroposterior colporrhaphy; with enterocele repair, including cystourethroscopy, when performed

Corpus Uteri
Laparoscopy/Hysteroscopy
A new code for laparoscopic total hysterectomy for resection of malignancy with omentectomy has been added to the CPT code set.

The complete new code description is as follows:

● 58575 Laparoscopy, surgical, with total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed (Do not report code 58575 in conjunction with 49255, 49320, 49321, 58570, 58571, 58572, 58573, 58661)

Code 58674 (Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency) has been moved from Oviduct/Ovary to the Corpus Uteri section of CPT (ahead of code 58541) and now has a resequenced code designation (#).

MEDICINE
Vaccines
The following new vaccine codes have been introduced for CPT 2018.

Dengue
● 90587 Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use

Zoster
# ● 90750 Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use

Influenza
● 90682 Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
# 90756  Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use

For all flu vaccines, report vaccine administration separately using codes 90460-90474 for commercial payers. For vaccine administration for Medicare beneficiaries, report the administration with HCPCS code G0008.

**CPT CATEGORY III CODES**

CPT Category III codes provide a method for data collection for new or emerging technologies, services, and procedures. The following new CAT III codes have been introduced for 2018.

- **0475T** Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional
- **0476T** patient recording, data scanning, with raw electronic signal transfer of data and storage
- **0477T** signal extraction, technical analysis, and result
- **0478T** review, interpretation, report by physician or other qualified health care professional
- **0487T** Biomechanical mapping, transvaginal, with report

**HCPCS CATEGORY II CODES**

The HCPCS code set is updated on a quarterly basis. Effective January 1, 2018, the following updates will go into effect.

New J-code J7296 (Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg) for Kyleena IUS should be reported starting January 1st. The previous temporary code for Kyleena, Q9984, will be discontinued on 1/1/2018.

There are now two new codes for injection of hydroxyprogesterone caproate;
- **J1726** Injection, hydroxyprogesterone caproate, (makena), 10 mg
- **J1729** Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg

The previous code for this service, J1725 (Injection, hydroxyprogesterone caproate, 1 mg), will also be discontinued as of 1/1/2018.