

CPT / HCPCS Changes for 2019

The Current Procedural Terminology, (CPT) code set for 2019 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. For 2019 a large number of changes involve to evaluation and management codes and guidelines related to non-face-to-face services. This new guidance is in addition to new, revised, and deleted CPT codes for 2019. These changes are effective as of January 1, 2019.

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

The American Medical Association CPT Editorial Panel approved these changes for 2019.

NEW, REVISED, AND DELETED CODES

Code 99090 - *Analysis of clinical data stored in computers (eg, ECGs, blood pressures, hematologic data), as well as Cat III codes, 0188T - Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes and 0189T- Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service) have been deleted.*

Code 99091 - *Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time has been revised for clarification.*

The new code description for code 99091 reads as: *Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days.*

Code 10022 - *Fine needle aspiration; with imaging guidance has been deleted.*

NEW, REVISED, CODE SECTIONS

A new subsection for **Digitally Stored Data Services/Remote Physiologic Monitoring** has been added to consolidate codes and clarify reporting for these services.

A new subsection for **Remote Physiologic Monitoring Treatment Management Services** has been added to consolidate codes and clarify reporting for these services.

EVALUATION AND MANAGEMENT

The following new codes have been added:

Code Subsection:

Interprofessional Telephone/Internet/Electronic Health Record Consultations

New Code(s):

- #● **99451** - *Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient's treating/requesting physician or other qualified health care professional; 5 minutes or more of medical consultative time*
- #● **99452** - *Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes.*

Digitally Stored Data Services/Remote Physiologic Monitoring

New Code(s):

- #● **99453** - *Remote monitoring of physiologic parameter(s) (eg. weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment*
- #● **99454** - *device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days*

Existing code #▲**99091** has been relocated to this new code subsection.

Remote Physiologic Monitoring Treatment Management Services

New Code(s):

- #● **99457** - *Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month*

Chronic Care Management Services

New Code(s):

- #● **99491** - *Chronic care management services provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements:*
 - *Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;*
 - *Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;*
 - *Comprehensive care plan established, implemented, revised, or monitored.*

SURGERY

Integumentary System

A new code subsection has been added for **Fine Needle Aspiration Biopsy (FNA)**. Multiple new codes have been added to the new subsection to describe FNA codes with and without guidance (eg. ultrasound, fluoroscopic, CT, and MR guidance) and to describe the initial lesion and additional lesions.

Fine Needle Aspiration Biopsy (FNA)

New Code(s): 10004 - 10012

Code 10021 - *Fine needle aspiration; without imaging guidance* has been revised.

The new code description reads as:

*Fine needle aspiration; without imaging guidance, **first lesion***

Skin, Subcutaneous, and Accessory Structures

New Code(s): 11102 – 11107

Several new codes have been introduced to identify reporting for different types of biopsy (eg. tangential, punch, incisional)

Codes **11100** - *Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion* and **11101** - *Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)* **have been deleted.**

Lymph Nodes and Lymphatic Channels

New Code(s)

- **38531** - *Biopsy or excision of lymph node(s) open, inguino-femoral node(s)* has been introduced to add excision of inguino-femoral nodes to the lymph nodes and lymphatic channels code family. Code **38531** has been added to the parenthetical for add-on code **38900** - *Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)*. Both codes may be reported together when performed.

A parenthetical has been added to the codes for partial and complete radical vulvectomy (**56630-56632** and **56633-56637**) instructing the user to report code **38531** when an inguino-femoral lymph node biopsy is performed without a complete inguino-femoral lymphadenectomy.

RADIOLOGY

Radiology guidelines have been updated to clarify reporting in a variety of circumstances including when performed for imaging guidance. All imaging guidance codes require, image documentation in the record and a description of the imaging service performed in the procedure report.

Breast, Mammography

Codes **77058** - *Magnetic resonance imaging, breast, without and/or with contrast material(s);*

unilateral and **77059** - *Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral* have been deleted. The following new codes for magnetic imaging of the breast replace them.

- **77046** - *Magnetic resonance imaging, breast, without contrast material(s); unilateral*
- **77047** - *bilateral*
- **77048** - *Magnetic resonance imaging, breast, without and/or with contrast material(s); including computer-aided detection (CAD) real-time lesion detection, characterization and pharmacokinetic analysis, when performed; unilateral*
- **77049** - *bilateral*

MEDICINE

Vaccines, Toxoids

A new influenza virus vaccine has been added as follows.

- ⚡● **90689** - *Influenza virus vaccine, quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage for intramuscular use*

Neurostimulators, Analysis-Programming

Neurostimulator codes 95970-95972 have been revised to clarify the code definitions. The code descriptions have been revised to read as follows:

- ▲ **95970** - *Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg. contact group(s), interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnetic mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming*
- ▲ **95971** - *with simple spinal cord or peripheral nerve (eg. sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional*
- ▲ **95972** - *with complex spinal cord or peripheral nerve (eg. sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional*