

## 2015 CPT changes – An overview

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**I**t's that time again! More than 500 CPT® changes are being made for 2015:

- 264 new codes
- 143 deleted codes
- 134 revised codes
- Guideline changes

The following is an overview listed by CPT section:

### **Evaluation and Management**

The addition of “military history” was added to the social-history element in the E/M guidelines; a guideline clarification for reporting inpatient neonatal and pediatric critical care; deletion of codes 99481 and 99482 replaced with combination code 99184 for selective head or total body hypothermia in critically ill neonates; section title change from “Complex Chronic Care Coordination” to “Care Management Services” followed by subsection for Chronic Care Management (99490) and Complex Chronic Care Management (99487,99489); and a new subsection for Advance Care Planning (99497, 99498).

### **Anesthesia**

Deletion of 00452, 00622, 00634 due to low utilization.

### **Musculoskeletal System**

Codes were added and revised for arthrocentesis procedures (20604, 20606, 20611) and ablation therapy (20973). New codes were added for open treatment of rib fractures (21811-21813), percutaneous vertebroplasty (22510-22512) and percutaneous vertebral augmentation procedures (22513-22515). Category III code 0334T was deleted and replaced with 27279 for minimally invasive sacroiliac joint arthrodesis.

### **Cardiovascular System**

Category III codes 0319T-0328T were replaced with 33270-33273, 93260, 93261, and 93644 to report subcutaneous implantable defibrillator procedures. Guidelines have been revised to address differences between subcutaneous procedures (S-ICD) versus transvenous (ICD) procedures; Category III codes 0343T, 0344T were deleted and replaced with 33418, 33419 to report transcatheter mitral valve repair (TMVR). A new subsection, “Extracorporeal Membrane Oxygenation or Extracorporeal Life Support Services (33946-33989) was added to report ECMO and/or ECLS procedures. As a result, codes 33960, 33961, and 36822 for Prolonged Extracorporeal Circulation for Cardiopulmonary Insufficiency were deleted. New code 34839 Physician planning for a patient-specific manufactured fenestrated visceral aortic endograft was added with additional guidelines for its use.

### **Digestive System**

Extensive changes involving lower endoscopy codes (with new guidelines and a revised definition of Colonoscopy) were included for 2015. New codes for stomal endoscopy procedures (44381, 44384, 44401-44408), for flexible sigmoidoscopy codes (45346- 45350) as well as flexible colonoscopy (45388-45390, 45393, 45398) were added. Previous codes 44383 44393, 44397 were deleted. Category III codes 0226T, 0227T for high-resolution anoscopy (HRA) were deleted and replaced with new codes 46601, 46607. Code 47383 was added to report percutaneous cryoablation of liver tumor. In addition, editorial revisions were made to the guidelines, parenthetical notes, and code descriptions across all of the upper and lower endoscopy subsections in an effort to maintain language consistency.

### **Nervous System**

New injection codes were added for myelography (62302-62305) and transversus abdominis plane block (64486-64489).

### **Eye and Ocular Adnexa**

Codes for Aqueous Shunt procedures 66180 and 66185 were revised to include the scleral patch graft and new codes 66179 and 66184 were added for the non-graft procedures.

### **Radiology**

New codes have been introduced this year for breast tomosynthesis (77061-77063); the existing code for breast ultrasound (76645) was deleted and two new codes have been introduced for limited and complete ultrasound (76641, 76642). The existing code representing vertebral fracture assessment (VFA) has been deleted (77082) and replaced with two new codes (77085, 77086).

### **Radiation Oncology**

Several radiation oncology codes were deleted including 77305, 77310, 77315, 77326- 77328 and five new codes added (77306- 77307, 77316-77318) to report combined teletherapy brachytherapy isodose planning with basic dosimetry calculations and new Intensity Modulated Radiation Therapy (IMRT) codes (77385-77387) that include guidance and tracking. As a result, Radiation Treatment Delivery codes 77403, 77404, 77406, 77408, 77409, 77411, 77413, 77414, 77416, 77418, and 77421 were deleted.

### **Pathology and Laboratory**

More numerous changes are noted in this section with the deletion of the Drug Testing subsection (80100-80104) and a new Drug Assay subsection which is further divided into Presumptive Drug Class Screening (80300-80304) (used to identify possible use or non-use of a drug or drug class), and Definitive Drug Testing (80320-80377) (qualitative or quantitative methods) along with new guidelines. The Molecular Pathology section has been updated (new codes 81246, 81287, 81288, 81313) with new definitions for exome, genome, heteroplasmy, mitochondrial DNA, and nuclear DNA along with new Genomic Sequencing Procedures (81410-81471).

### **Medicine**

Two new vaccine codes – one for human papillomavirus and one for quadrivalent influenza virus (90630, 90651); new guidance to preclude reporting the new adaptive behavior treatment codes

in conjunction with other codes in this subsection; new code 91200 for liver elastography performed via a mechanically induced shear wave technique; new code 96127 for the administration of a standardized behavioral and emotional assessment instrument primarily for children and adolescents; new instructional and exclusionary parenthetical notes to ensure correct coding of Vestibular Function Tests (92270, 92541-92548); a new code for reporting transesophageal echocardiography during interventional cardiac procedures (93355) and a new code to report bioimpedance spectroscopy (BIS) (93702).

Be sure to check the 2015 CPT Appendix B for a complete listing of all the changes for 2015.

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*References:*

*2015 Professional Edition, Current Procedural Terminology, American Medical Association*

*2015 Current Procedural Terminology Changes, An Insider's View, American Medical Association*

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