

Insights to Coding and Data Quality

2013 CPT overview

by Nancy J. Cervi, RHIT

The American Medical Association (AMA) has announced that changes for Current Procedure Terminology (CPT®) in 2013 reflect physician practice changes as well as technology improvements in cardiology, neurologic testing, and psychiatry.

According to the Association, most of the changes for 2013 are based on the CPT/Relative [Value Scale] Update Committee (RUC) Five-Year Review Identification Workgroup (now known as the Relativity Assessment Workgroup (RAW)) request to specialty societies to move forward with code changes to address code pairs reported together greater than 75-percent of the time and Harvard-valued codes with utilization greater than 30,000. (The initial physician work relative values were based on results of a Harvard University study.) Other changes follow advancements in genomics research that have increased the understanding of the molecular basis of disease and include new molecular pathology codes.

CPT code changes for 2013

New: 186
Deleted: 119
Revised: 263
TOTAL: 568

CPT code changes by section

E/M: 89
Anesthesia: 2
Surgery: 80
Radiology: 39
Pathology & Laboratory: 84
Medicine: 213
Category II: 14
Category III: 47
TOTAL: 568

Total CPT guidelines changed in 2013

Almost 150

Here are the highlights:

Universal changes

Introduced Qualified Health Professional “QHP” throughout CPT.

Some code descriptions were changed to replace the term “physician” with “QHP” or “individual;” however certain code descriptors were retained with the term “physician” for services that are regulatory-based.

Evaluation and Management (E/M)

Seven new E/M codes: These new codes include a series for transport services (99485–99486), coordination of complex care (99487–99489) and transitional care management services (99495–99496). Most of these are time-based, so providers will have to note the time spent performing the service for accurate code selection.

Anesthesia Codes 01991 and 01992 also have revised language description for Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional).

Surgery

New code sets for revision of total shoulder arthroplasty (23473-23474) and total elbow arthroplasty (24370-24371) will be available in 2013, as well as a new lumbar-sacral spinal fusion code 22586.

New codes

- Trachea and bronchi (31647–31649) replacing Category III codes for insertion and removal of bronchial valves.
- Bronchoscopy with bronchial thermoplasty (31660 and 31661).
- Stereotactic radiation therapy (32701).
- New aortic valve codes and guidelines for transcatheter valve replacement (TAVR) and transcatheter implantation (formerly Category III codes) 33361-33365 with new add-on codes for cardiopulmonary bypass support 33367-33368.
- Cervicocerebral angiography: The existing codes and rules for coding these procedures have been revised and/or deleted and new codes which include all catheter placement and imaging have been introduced. See codes 36221–36228. (Deleted codes 75650, 75660, 75662, 75665, 75671, 75676, 75680, and 75685 were combined or bundled into the new codes).
- Foreign body retrieval: existing codes (37203 and 75961) have been replaced by a single code 37197.
- Transcatheter Therapy: Existing transcatheter therapy codes for thrombolytic infusion have been replaced by four new codes to include imaging guidance and to specify arterial/venous and initial/subsequent treatments (37211–37214).
- Thoracentesis: Four new codes (32554-32557) for thoracentesis with/without imaging guidance and pleural drainage, percutaneous, with/without imaging guidance.
- Tube thorostomy, 32551, has been revised to include connection to drainage system (e.g., water seal), when performed, open (separate procedure).
- Diagnostic radiology: Existing codes for bronchography have been deleted. Clinically, bronchography has almost entirely been replaced by CT.
- Codes for cervical spine x-rays have been revised with code selection based on the number of views only (72040-72052).
- 3D rendering: New verbiage to codes 76376-76377 to clarify image post-processing must be done under concurrent supervision.
- New nuclear medicine imaging codes of the thyroid (78012-78014) and parathyroid (78070-78072).
- Radiation therapy: New code, 32701, thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT).

Pathology and Laboratory

Many new molecular pathology codes (81201-81599) reflective of advancement in genomics research; there are now 116 codes available.

Medicine

There are significant changes for CPT coding of psychiatric services beginning January 1, 2013. The AMA conducted a comprehensive review of the psychiatry CPT codes and created new codes as well as a new coding methodology to more accurately reflect current psychiatric practice.

The Psychiatric Diagnostic Interview Examination and the Interactive Psychiatric Diagnostic Interview Examination (90801, 90802) are deleted and replaced by two new codes for psychiatric diagnostic evaluation. A distinction has been made between an initial evaluation with medical services done by a physician (90792) and an initial evaluation done by a non-physician (90791).

The psychotherapy codes have been simplified and expanded to include time with both the patient and/or family member: There are now just three timed-codes to be used for psychotherapy in all settings (90832 - 30 minutes; 90834 - 45 minutes; 90837 - 60 minutes) instead of a distinction made by setting and whether E/M services were provided. When psychotherapy is done in the same encounter as an E/M service, there are timed add-on codes for psychotherapy that are to be used by psychiatrists to indicate both services were provided (+90833 - 30 minutes, +90836 - 45 minutes, +90838 - 60 minutes). The time for each psychotherapy code is now described as being time spent with the patient *and/or family member*, a change from the previous psychotherapy code times, which denoted only time spent face-to-face with the patient.

Interactive psychotherapy codes are deleted. Interactive Complexity is reported with the add-on code +90785. This new code expands the types of communication difficulties that CPT recognizes.

Lastly for psychiatry, deletion of pharmacologic management, 90862 is replaced by new add-on code +90863: pharmacologic management, including prescription and review of medications, when performed with psychotherapy services. This add-on code is reported only with the standard psychotherapy codes 90832, 90834, 90837.

Of particular interest are the changes to the coronary angioplasty, stenting, and atherectomy codes. CPT codes 92980, 92981, 92982, 92984, 92995, and 92996 will no longer be used. They will be replaced with 13 new codes (92920-92944) that will help classify percutaneous coronary intervention (PCI) services as follows:

- Angioplasty, atherectomy, and/or stent placement.
- Single major coronary artery or branch versus each additional branch.
- Native artery versus coronary artery bypass graft (CABG).
- Chronic total occlusion (CTO).
- Service performed during acute myocardial infarction (AMI).

Note: Be sure to review the 2013 Outpatient Prospective Payment System (OPPS) rule regarding drug-eluting stents. In order to maintain the existing policy of differentiating payment for intracoronary stent placement procedures for drug-eluting and nondrug-eluting stents, there are new HCPCS C-codes to parallel the new CPT codes 92928, 92933, 92929, 92934, 92937, 92938, 92941, 92943, and 92944. These are C9600, C9601, C9602, C9603, C9604, C9605, C9606, C9607, and C9608 which replace deleted codes G0290 and G0291 and are for reporting drug-eluting stent procedures.

New nerve conduction study codes have been created (95907-95913). No longer will you need to differentiate between motor and sensory, F-wave test, and the H-reflex test. You only need to count the number of studies and choose the corresponding code.

Finally, new intraoperative neurophysiology monitoring add-on codes 95940-95941 with the creation of code G0453 for undivided attention by the physician directed exclusively to one patient.

Along with the multitude of code changes and revised descriptions for 2013 CPT comes a comprehensive revamping of the CPT index. It is the author's opinion that this change is a much and long over-due improvement to this classification system.

In preparation for 2013, health information management (HIM) professionals should review Appendix B in the CPT 2013 manual for a complete list of additions, deletions, and revisions to the code set.

Resource

American Hospital Association: <www.ama-assn.org/ama/pub/physician-resources/>; AMA CPT Book, Professional Edition 2013; American Psychiatric Association CPT Code Changes for 2013: <www.psych.org>; National Council for Community Behavioral Healthcare: CPT Code Changes or 2013: Impact on Behavioral Health: <www.thenationalcouncil.org>; OPPS Final Rule 2013: <www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices.html>

Nancy J. Cervi, RHIT, Member, Coding & Data Quality Committee, is the Senior Technical Business Analyst, Healthcare Division, Nuance Communications, Inc., San Diego, California.

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