

JustCoding's 2024 CPT Update: Let's Take a Peek – What is New and Noteworthy?

A WEBINAR PRESENTED ON NOVEMBER 30, 2023



Presented By



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Agenda

- New, revised, and deleted CPT codes
 - Revision of time for E/M office visit codes
 - Spinal tethering procedures
 - Phrenic neurostimulator systems
 - Skull-mounted cranial neurostimulator systems
 - Intraoperative cardiac ultrasound procedures
 - COVID-19 and respiratory syncytial virus immunization codes
- Live Q&A

Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
 - Apply new and revised CPT codes for 2024
 - Recognize new E/M service descriptors
 - Identify new CPT codes for surgical procedures
 - Improve coding accuracy to reduce denials

CPT Summary – 2024

CPT Chapter	Additions	Revisions	Deletions
E/M	1	10	0
Anesthesia	0	0	0
Surgery	23	10	0
Radiology	5	0	1
Path/Lab incl PLAs/MAAAs	76	25	16
Medicine	43	12	0
Category II	0	0	0
Category III	82	13	32
TOTALS	230	70	49

General Guidance Clarifications – Introduction

- Clarifications added for Category I and III codes
 - Do not unbundle components of a combination code description and report separately.
 - Example: Reporting tonsillectomy and adenoidectomy separately vs. the combination code that identifies both procedures
 - Multiple Category I and III codes may be reported together if they describe the totality of the services provided
 - Procedural steps necessary to reach and close the operative site are not reported separately unless instructed by the CPT guidelines

General Guidance – Introduction

- – **Audio-Video** and **Audio-only Telemedicine** Services Criteria
 - Appendix P (modifier -95) and Appendix T (modifier -93) for a list of codes
 - Criteria:
 - Must provide the same service as if it was in person
 - Evidence supports the benefits of performing the service through telecommunication technology.
 - Facilitate a diagnosis/treatment plan to reduce complication plans
 - Decrease diagnostic/therapeutic interventions
 - Decrease hospitalization
 - Decrease in-person visits to ER, offices, urgent care
 - Increase rapidity of resolution
 - Decrease quantifiable symptoms
 - Reduce recovery time
 - Enhance access to care for rural and vulnerable patients

Evaluation and Management (E/M)

- Additions – 1
- Revisions – 10
- Deletions – ZERO

Evaluation and Management – Guidelines

- Split or Shared Visits
 - Split-shared means a service provided in a facility setting whereby a physician and a non-physician practitioner who are in the same group practice provide a portion of a visit to a patient on the same date of service.
 - The provider that bills for the service provides the “substantive portion.”
 - AMA guidance:
 - When using time as the leveling factor, the provider who spent the majority of the face-to-face or non-face-to-face time performing the service will determine the level.
 - When using MDM as the leveling factor, the provider who made or approved the management plan for the number and complexity of problems addressed and takes responsibility for that plan and the inherent risk of complications/morbidity of patient management will determine the appropriate level.
 - CMS guidance concurs with the AMA E/M guidance <2024 MPFS Final Rule>



Evaluation and Management – Guidelines

- Three Contributory Elements of MDM (2 out of 3 must be met or exceeded)

- Number and Complexity of Problems Addressed ✓
- Risk of Complications/Morbidity of Patient Management ✓
- Amount and/or Complexity of Data Reviewed and Analyzed ⚠

FOR SPLIT-SHARED VISITS
Based on MDM

- Things that count as data:

- Review of tests (do **NOT** have to be personally performed by the provider reporting the split-shared service)
- Order of tests (do **NOT** have to be personally performed by the provider reporting the split-shared service)
- Assessing independent historian narratives (do **NOT** have to be personally performed by the provider reporting the split-shared service)
- Independent interpretation of tests (must be **PERSONALLY** performed by the provider reporting the split-shared service if using for level selection)
- Discussion of management or test interpretation (must be **PERSONALLY** performed by the provider reporting the split-shared service if using for level selection)

Considered
inherent to
formulating
management
plan

Evaluation and Management – Guidelines

- Multiple E/M Visits on the Same Date of Service
 - “Per day” codes – a single service is reported (aggregate MDM and time on the date of the encounters)
 - Time spent in the ED by a provider who provides subsequent E/M services may be included in total time spent on the date of the encounter (barring ED service codes are not reported 99281-99285)
 - If a patient is discharged and readmitted to the **SAME** facility on the same calendar date, report a subsequent care service (99231-99233) instead of a discharge or initial service.
 - Considered a single stay
 - However, if discharged and admitted to a **DIFFERENT** facility, this constitutes a new stay.

Evaluation and Management

- ▲ 99202 – 15 minutes must be met or exceeded
- ▲ 99203 – 30 minutes must be met or exceeded
- ▲ 99204 – 45 minutes must be met or exceeded
- ▲ 99205 – 60 minutes must be met or exceeded
- ▲ 99212 – 10 minutes must be met or exceeded
- ▲ 99213 – 20 minutes must be met or exceeded
- ▲ 99214 – 30 minutes must be met or exceeded
- ▲ 99215 – 40 minutes must be met or exceeded

The concept of surpassing the mid-point
of time does NOT apply.
<E/M Guidelines>

Eliminated time ranges
(e.g., 10-19 minutes)
only includes LEAST
amount of time be met
or exceeded



Evaluation and Management

- “8-hour rule” is added!
 - When a patient receives inpatient/OBS care for less than 8 hours, only the initial care codes may be reported (99221-99223) for the date of admission.
 - Admission/discharge on the same DOS 8+ hours report “Admit/Discharge on the Same Day” code (99234-99236)
 - Two or more visits must be documented (admit and discharge)
 - Do NOT report discharge services (99238-99239) for either situation
 - New table added in CPT!



Evaluation and Management

- ▲ 99306 – Initial nursing facility care, per day... high level MDM
 - 50 minutes must be met or exceeded (increased from 45 minutes)
- ▲ 99308 – Subsequent nursing facility care, per day... low level MDM
 - 20 minutes must be met or exceeded (increased from 15 minutes)



Evaluation and Management

- +99459 – Pelvic examination (List separately in addition to primary procedure)
 - May be used in conjunction with office visits, outpatient consultations, preventative medicine visits



HCPCS II – G2211

- **G2211** – Visit complexity inherent to E/M associated with medical care services that serve as the **continuing focal point** for all needed healthcare services and/or with medical care services that are part of ongoing care related to a patient's **single, serious or complex condition** (list separately in addition to office visits 99202-99215)
 - Code was added in 2021 as part of the Consolidated Appropriations Act 2021 however, delayed PFS payment until Jan 1, 2024.
 - Was assigned status indicator “B” (bundled) until 2024.
 - Reporting is not based on specialty but certain specialties may furnish these services more than others (e.g., primary care).
 - May be reported with any level office visit
 - G2211 should not be assigned if payment modifiers such as -24, -25 or -53 are assigned.
<MCPM, Chapter 12, §30.6.7.F>

Musculoskeletal System

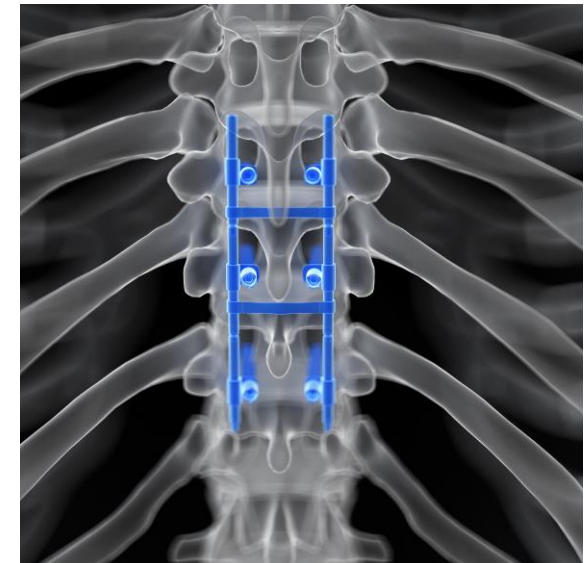
- Additions – 4
- Revisions – 6
- Deletions – ZERO

Musculoskeletal System

- 22836 – Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments
- 22837 –; 8 or more vertebral segments
- 22838 – Revision (e.g., augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed



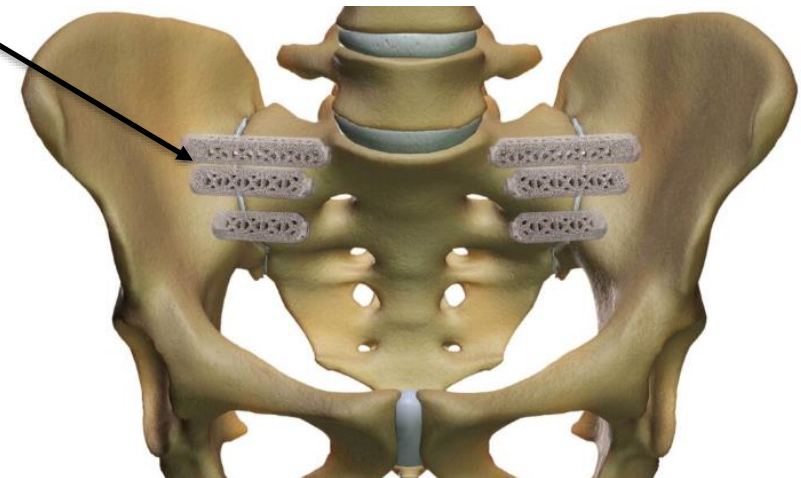
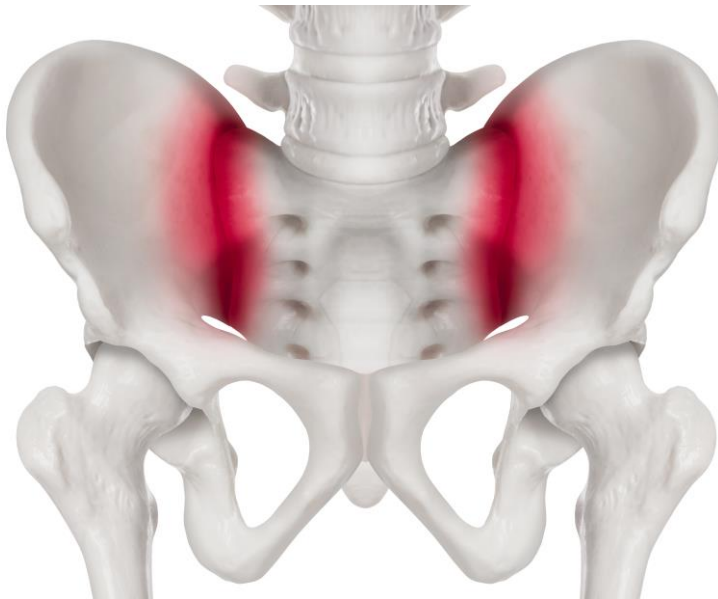
VS.



Musculoskeletal System

- 27278 – Arthrodesis, sacroiliac joint, **percutaneous**, with image guidance, including placement of intra-articular implant(s) (e.g., bone allograft[s], synthetic device[s]), **without placement of transfixation device**
 - Previously reported with 0775T
 - For percutaneous procedures utilizing a transfixation device, use 27279

Modifier -50 if
bilateral



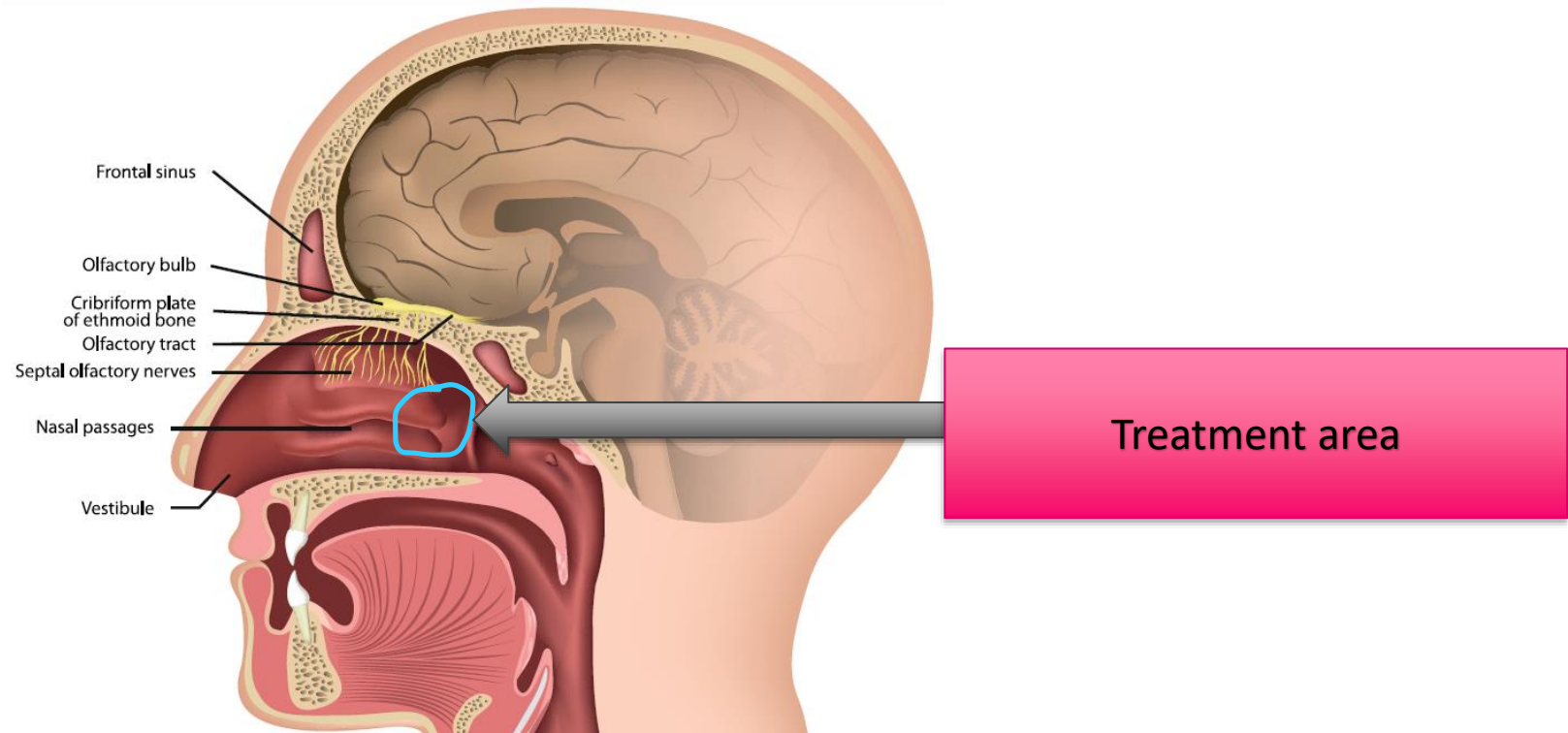
Respiratory System

- Additions – 2
- Revisions – ZERO
- Deletions – ZERO

Respiratory System

- 31242 – Nasal/sinus endoscopy, surgical; with destruction **by radiofrequency** ablation, posterior nasal nerve
- 31243 – ; with destruction **by cryoablation**, posterior nasal nerve

Inherently a bilateral procedure, if unilateral add modifier -52



Cardiovascular System

- Additions – 8
- Revisions – ZERO
- Deletions – ZERO

Cardiovascular System

- 33276 – **Insertion** of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis and diagnostic mode activation, when performed
- +33277 – **Insertion** of phrenic nerve stimulator transvenous sensing lead
- 33278 – **Removal** of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; ← system, *including pulse generator and lead(s)*
- 33279 – ; system, transvenous stimulation or sensing lead(s) only
- 33280 – ; system, **pulse generator only**



Semi-colon placement?

Cardiovascular System

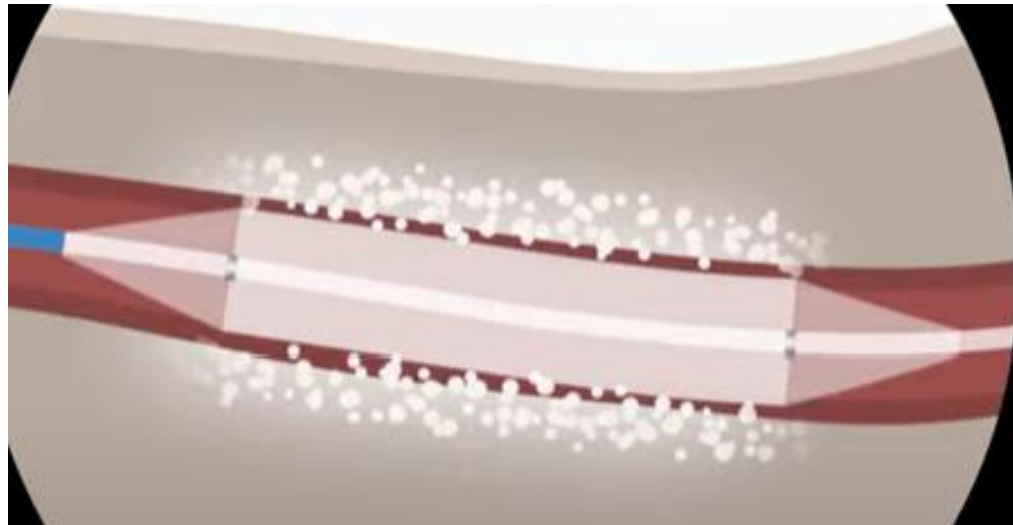
- 33281 – **Repositioning** of phrenic nerve stimulator transvenous lead(s)
- 33287 – **Removal and replacement** of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; **pulse generator**
- 33288 – ; transvenous stimulation or sensing **lead(s)**
 - Replaces deleted 0424T-0433T

Urinary/Genital Systems

- Additions – 2
- Revisions – ZERO
- Deletions – ZERO

Urinary System

- 52284 – Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed
 - Replaces deleted 0499T

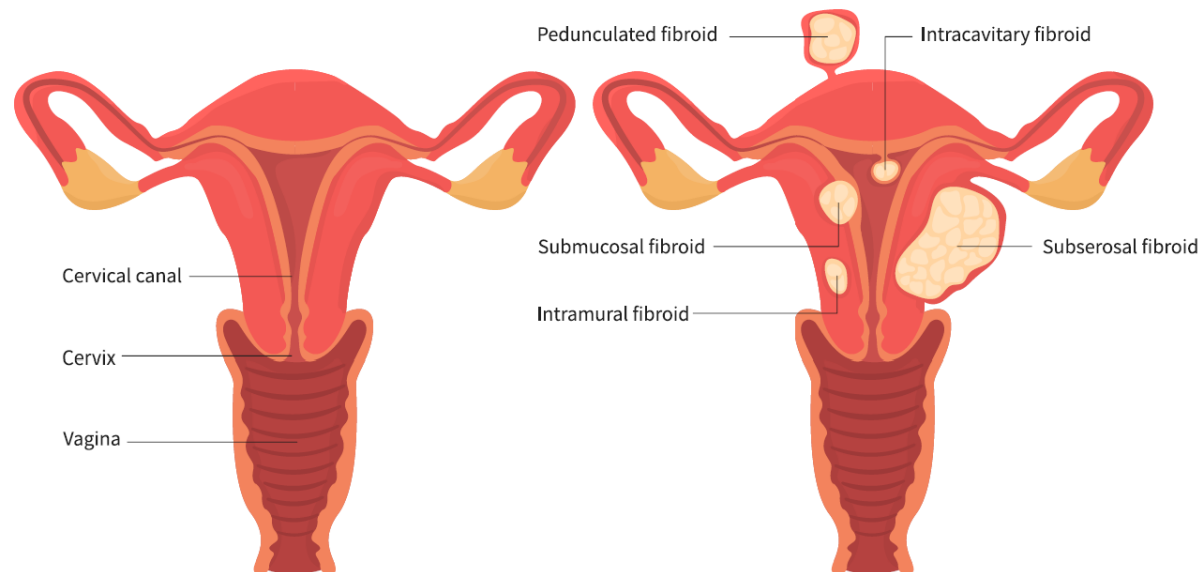


Urotronic.com

Female Genital System

- 58580 – Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency
 - Replaces deleted 0404T
 - For *laparoscopic* ablation of uterine fibroid(s) use 58674

UTERINE FIBROIDS

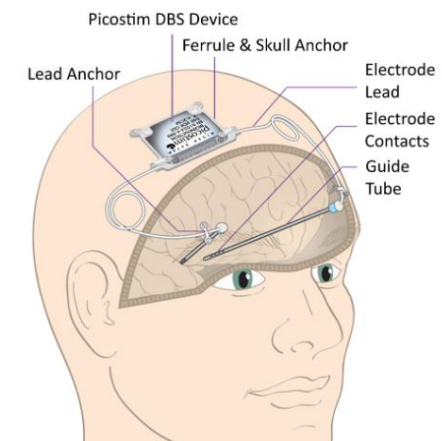


Nervous System

- Additions – 6
- Revisions – 4
- Deletions – ZERO

Nervous System

- 61889 – **Insertion** of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)
- 61891 – *Revision or replacement* of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)
- 61892 – **Removal** of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed
 - Do not assign 61892 and 61891 for the same pulse generator
 - <https://www.youtube.com/watch?v=7j0oYybl5Js>



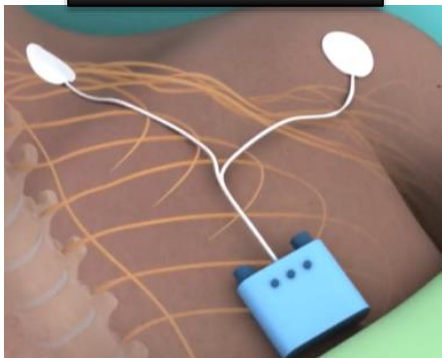
Nervous System

- ▲ 63685 – Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator/receiver
- ▲ 63688 – Revision or removal of implanted spinal neurostimulator pulse generator/receiver, with detachable connection to the electrode array

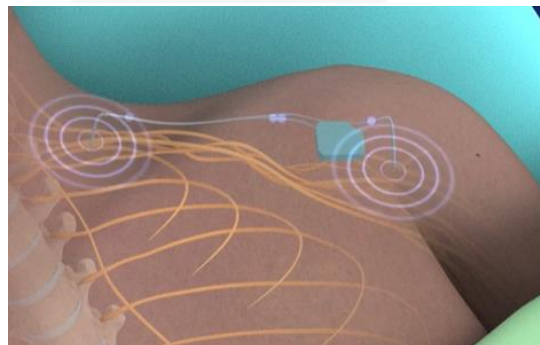
Nervous System

- 64596 – Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array
- +64597 – ; each additional electrode array
- 64598 – Revision/removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator
 - For percutaneous implantation of electrode array ONLY, peripheral nerve 64555

Step 1



Step 2



Implantation of trial or permanent electrode array(s) for field stimulation (i.e., without a target nerve), use 64999

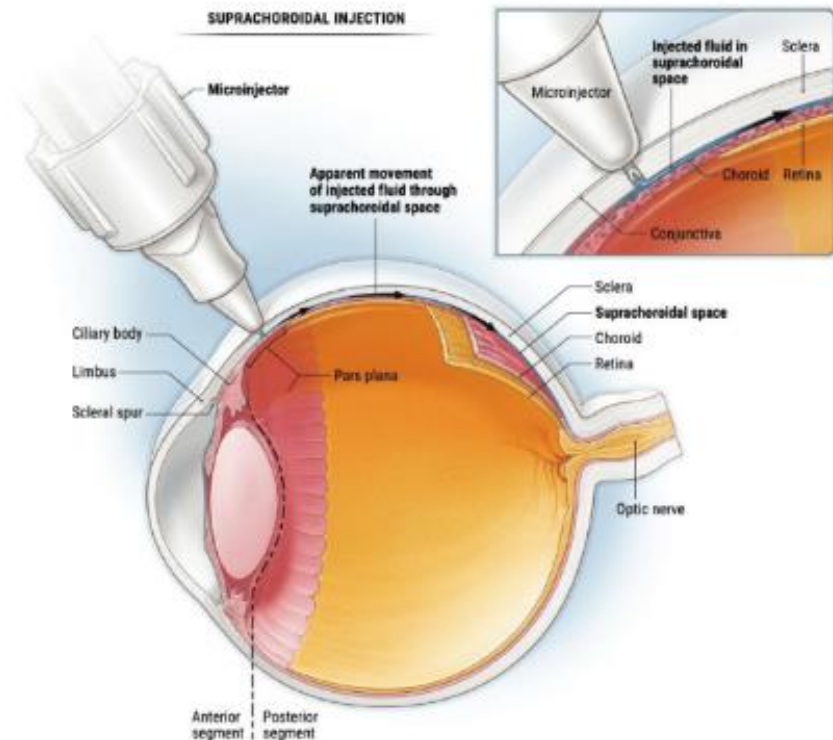
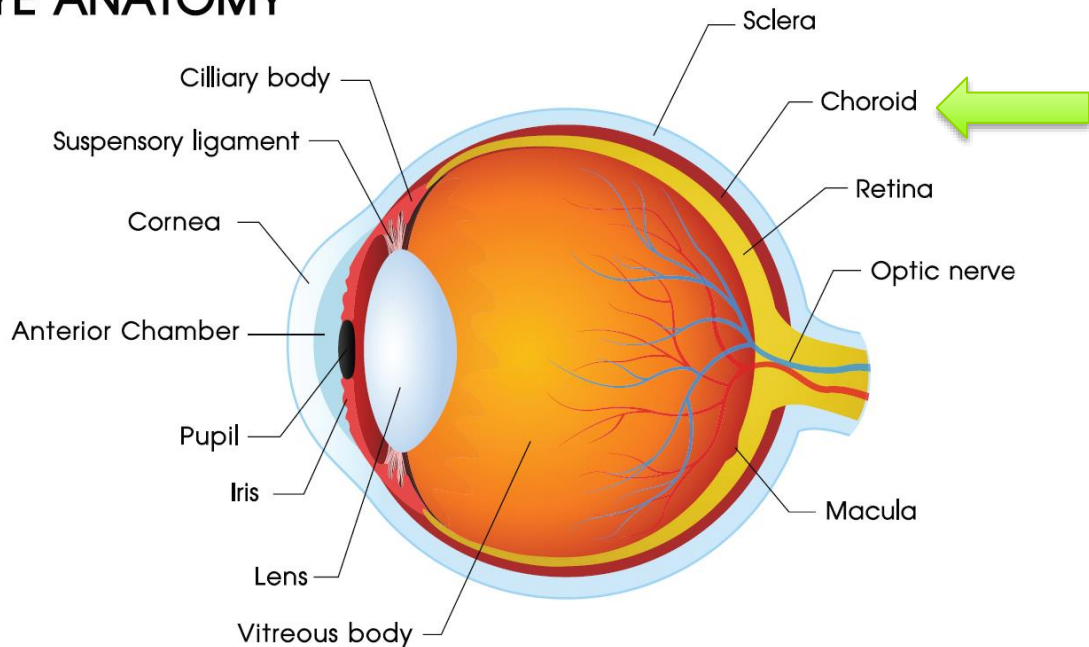
Eye and Adnexa

- Additions – 1
- Revisions – ZERO
- Deletions – ZERO

Eye and Adnexa

- 67516 – Suprachoroidal space injection of pharmacologic agent (separate procedure)
 - Replaces deleted 0465T
 - Report medication separately (e.g., triamcinolone)

EYE ANATOMY



Radiology

- Additions – 5
- Revisions – ZERO
- Deletions – 1

Radiology

- ~~• 74710 — Pelvimetry, with or without placental localization~~

Radiology

- 75580 – Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician/QHCP
 - If performed on same day as coronary CTA, report in conjunction with 75574
- 76984 – Ultrasound, intraoperative **thoracic aorta (e.g., epiaortic)**, diagnostic
- 76987 – Intraoperative **epicardial cardiac ultrasound (echo) for congenital heart disease**, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report
- 76988 – ; placement, manipulation of transducer, and image acquisition only
- 76989 – ; interpretation and report only

Pathology

- Additions – 76 (including PLAs/MAAAs)
- Revisions – 25
- Deletions – 16

Pathology

- Proprietary Lab Analyses
 - MANY codes were added for PLAs related to:
 - Oncology, infectious agents (gastrointestinal, surgical wounds, genitourinary), chronic kidney disease, neurology (Parkinson's disease), psychiatry (depression, anxiety, ADHD)
 - PLA codes are released quarterly
 - <https://www.ama-assn.org/practice-management/cpt/cpt-pla-codes>
 - Appendix O contains a complete list

Medicine

- Additions – 43
- Revisions – 12
- Deletions – ZERO

Medicine

- 90380 – Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5mL dosage, for IM use
- 90381 – ; 1mL dosage for IM use
- 90679 – Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for IM use
- 90683 – Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for IM use
 - Note: pending FDA approval ⚡



Medicine



- Changes made to COVID-19 Vaccine Codes
 - FDA recommended shifts to monovalent vaccines that target the XBB lineage virus strain for 2023-2024.
 - New product codes for
 - Pfizer (●91318-91320)
 - Moderna products (●91321-91322)
 - New administration code (●90480) – Used for ANY COVID-19 vaccine for any patient (pediatric or adult)
 - **Replaces all previously approved specific vaccine product and admin codes**
 - EXCEPTION! (▲91304) for the Novavax COVID-19 vaccine product
 - Appendix Q is deleted (even though still printed in 2024 CPT manual)
 - Reference AMA's website for complete information: [COVID-19 CPT coding and guidance | COVID-19 test code | AMA \(ama-assn.org\)](#)

60+ CPT codes down to only 7!!!!



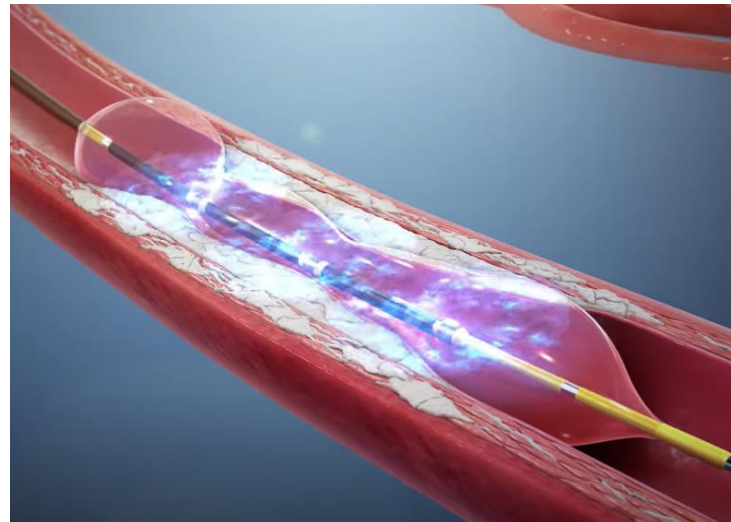
Did someone
say "chikun"?

Medicine

- 90589 – Chikungunya virus vaccine, live attenuated for IM use ⚡
- 90611 – Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use
- 90622 – Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use
- 90623 – Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for IM use

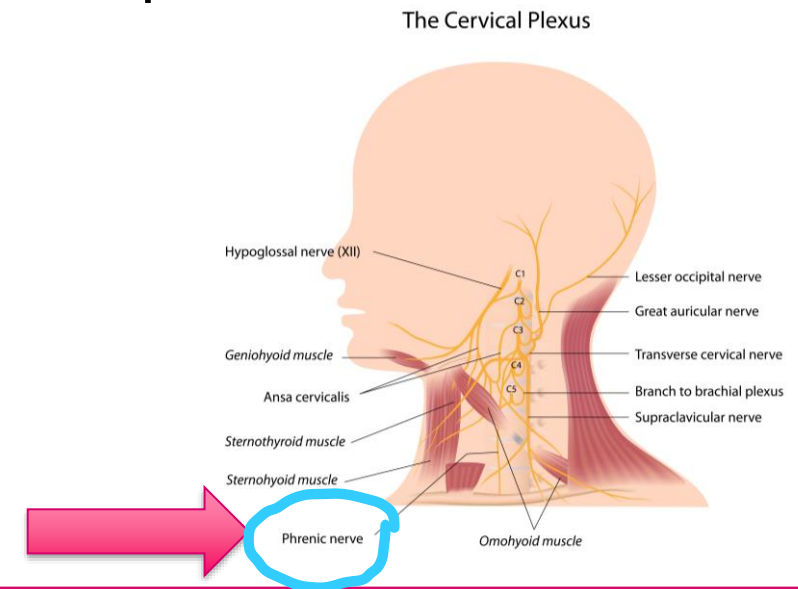
Medicine

- 92622 – Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes
- +92623 – ; each additional 15 minutes
 - Can also be used for subsequent reprogramming, when performed
- +92972 – Percutaneous transluminal coronary lithotripsy
 - Can be reported separately with coronary PTCA, atherectomy, stenting, revascularizations, thrombolysis (see parenthetical notes)
 - Replaces deleted 0715T



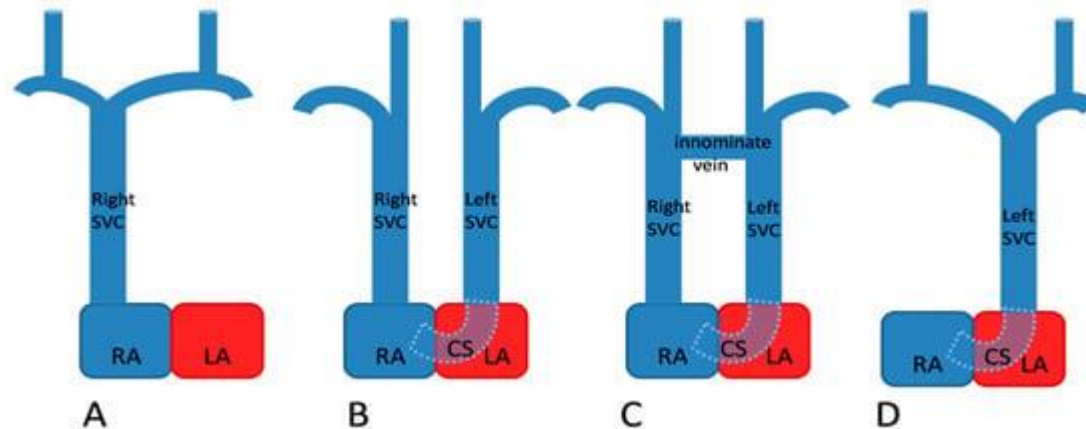
Medicine

- 93150 – Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming
 - Typically performed about 30 days after insertion (● 33276)
- 93151 – Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system
- 93152 – Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography
 - Replaces deleted 0434T-0436T



Medicine

- +93584 – Venography for congenital heart defect(s), including catheter placement, and radiological S & I; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart
 - First SVC (non-anomalous) is reported with 75827(Venography, caval, superior, radiological S &I)



Medicine

- ● +93585 – ; azygos/hemiazygos venous system
- ● +93586 – ; coronary sinus
- ● +93587 – ; venovenous collaterals originating at or above the heart (from the innominate vein)
- ● +93588 – ; venovenous collaterals originating below the heart (from the IVC)

Medicine

- +96547 – Intraoperative hyperthermic intraperitoneal chemotherapy procedure, including separate incision(s) and closure, when performed; first 60 minutes
- + 96548 – ; each additional 30 minutes
 - “HIPEC”
- ▲96920-96922 – **Excimer** laser treatment for (psoriasis); <250-500+sqcm
 - <https://dermskinhealth.com/treatments/xtrac-excimer-laser/>
- 97037 – Application of a modality to 1 or more areas; low-level laser therapy (i.e., nonthermal and non-ablative) for post-operative pain reduction

Medicine

- 97550 – **Caregiver training** in strategies and techniques to facilitate the patient's functional performance in the home or community (e.g., ADLs, transfers, mobility, communication, feeding etc.), without the patient present, face to face; initial 30 minutes
- +97551 –; each additional 15 minutes
- 97552 – Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (e.g., ADLs, transfers, mobility, communication, feeding etc.), without the patient present, face to face with multiple sets of caregivers

Category III

- Additions – 82
- Revisions – 13
- Deletions – 32

Category III - Highlights

- ▲0656T – Anterior **lumbar or thoracolumbar** vertebral body tethering; up to 7 vertebral segments
- ▲0657T – ; 8 or more segments
- ●0790T – Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed
 - New Cat I codes added for thoracic segments in 2024 – Matched verbiage used in those codes

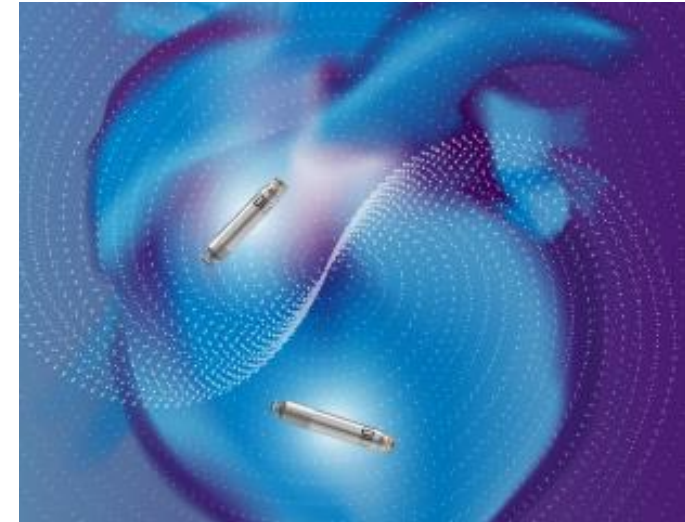
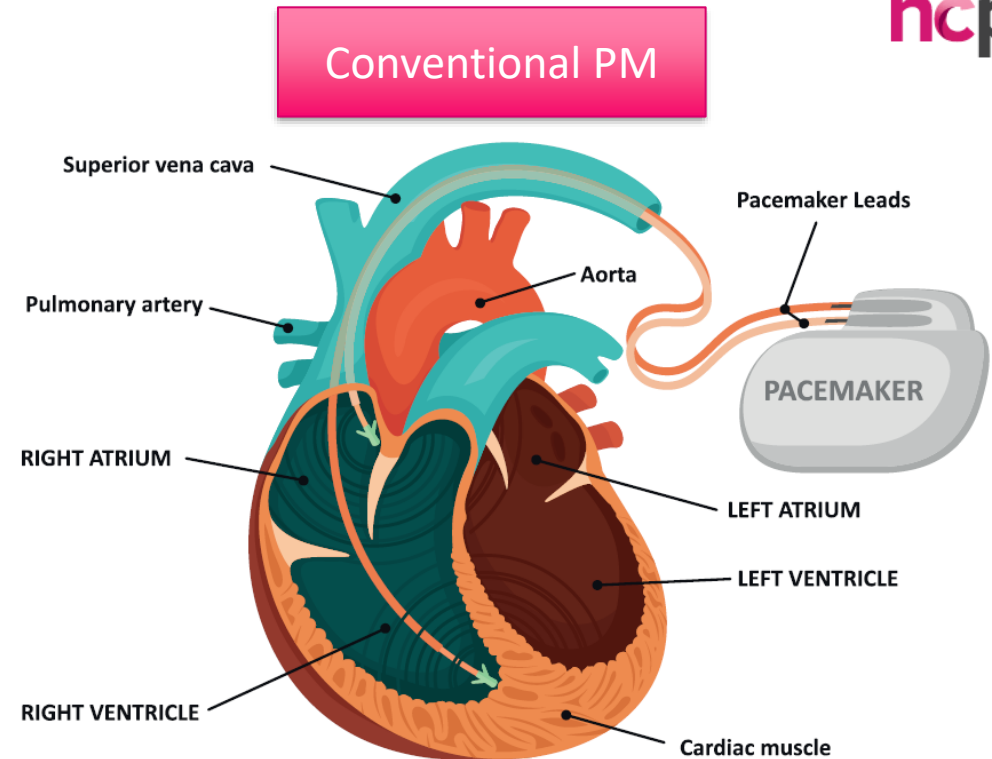
Category III - Highlights

- 0827T- 0856T
 - 31 new codes added for digitization of glass microscope slides (codes vary by specimen type/study)
 - May be reported separately with Category I codes for the primary service
 - Static digital images, digital video streaming of any portion of a glass microscope slide on smartphone or tablet does not constitute a digital pathology digitization procedure.



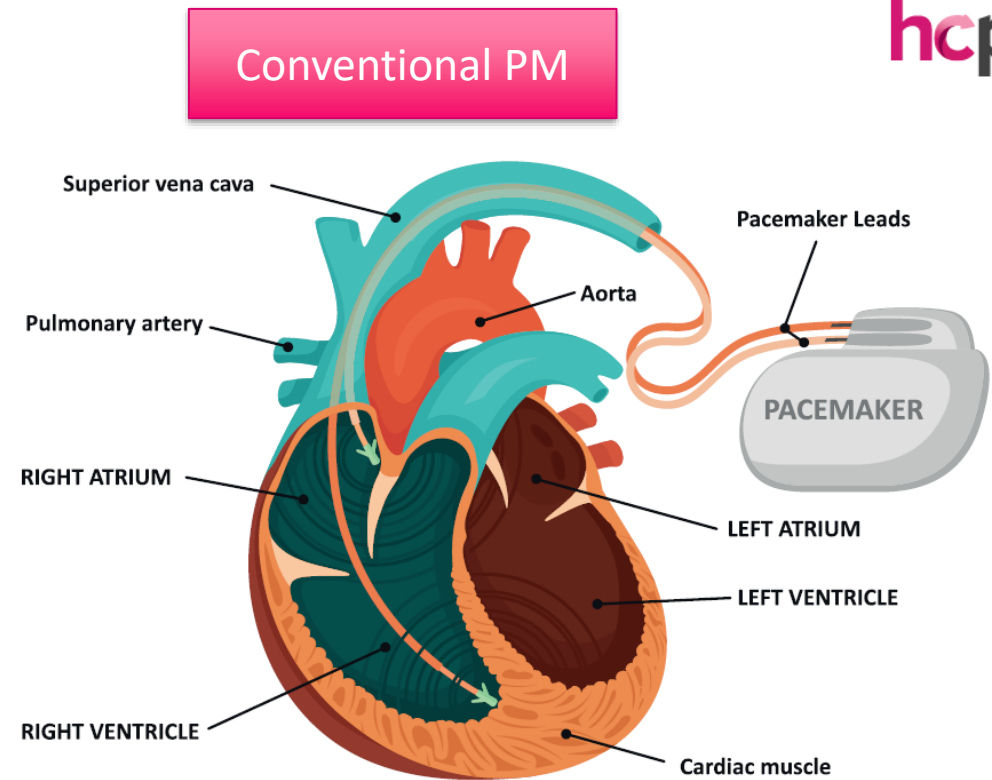
Category III – Highlights

- 0795T – 0804T – Transcatheter permanent dual-chamber leadless pacemaker procedures (including imaging guidance)
 - Insertion
 - Removal/replacement
 - Programming
 - 10 new codes



Category III – Highlights

- 0823T – 0826T – Transcatheter permanent single-chamber **RIGHT ATRIAL** leadless pacemaker procedures (including imaging guidance)
 - Insertion
 - Removal/replacement
 - Programming
 - 4 new codes





Questions & Answers



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To Submit a Question: Go to the Q&A box located in the lower left area of your screen. Type your question in the lower text box, then press your “Enter” key.

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You must complete the evaluation within 14 days of the live program date in order to receive your credits or a general certificate of attendance:

<http://events.hcpro.com/materialspub.cgi?YHHA113023A>

We kindly request that this link be forwarded to everyone in your group who attended the program.

This concludes today's program.

Be sure to register for our upcoming program:

Chronic Migraines in ICD-10-CM: Coding Without the Headache

Presented on: Tuesday, December 19, 2023 | 1:00–2:00 p.m. Eastern

Visit our website for more information: <https://hcmarketplace.com/chronic-migraines>

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