NCHIMA 66th Annual Meeting

CPT Code Updates 2016

Changes for 2016

• Integumentary
• Respiratory
• Cardiovascular
• Biliary
• Digestive
• Abdomen, Peritoneum, and omentum
• Urinary
• Male Genital System
• Nervous
• Auditory
When imaging guidance or imaging supervision and interpretation is included in a surgical procedure, guidelines for image documentation and report included in the guidelines for radiology (including nuclear medicine and diagnostic ultrasound) will apply.

Integumentary System

- CPT code 10035
  - For localization devices placed in soft tissue
  - First lesion only
  - Used only once per target regardless of how many are placed

- CPT code 10036
  - Is an add on code and should only be reported with 10035
  - Is reported for each additional lesion that is localized
  - This code is used to report an additional localization device whether on the same side or contralateral side but for a different lesion

Soft tissue is a generic term for muscle, fat, fibrous tissue, blood vessels, or other supporting tissue matrix.

Use of CPT codes 10035 and 10036

- Localization of wire options are:
  - Breast
  - intra-abdominal, intra-pelvic, retroperitoneum
  - Intra-thoracic
  - Prostate
  - Soft tissue

When inserted into soft tissue you will get code 10035 and 10036 for any additional lesions unless there is a more specific site descriptor for example: breast, intra-abd, intra-pelvic, retroperitoneum, intra-thoracic, or prostate.
Use of CPT codes 10035 and 10036
continued

Patient had localization 2 wires placed in 1st lesion on the right
and 1 wire placed in 2 different lesions on the left in the soft
tissue of the groin with . What are your CPT codes?
10035-RT
10036-LT
10036-LT

This example is based on the number of lesions localized rather
than the number of markers placed in one target area.
Do not forget these codes include image guidance when
performed. Codes 76942, 77002, 77012, or 77021 are not
reported with 10035 and 10036.

Respiratory System

Mediastinal Staging

Techniques
• Will newer modalities
(EBUS-NA, EBUS-
FNA, EM-guided
bronchoscopy)
replace traditional
surgical staging?

EBUS with biopsy or aspiration of the lymph nodes is based on how many different
lymph node stations are biopsied. For 1 or 2, code 31652, and for 3 or more use 31653.

EBUS guided trans‐
tracheal and/or trans‐bronchial
sample (eg.
Aspirations(s)/biopsy(ies) 3 or more
and/or hilar lymph
nodes stations or
structures.
Reported only
once per session

Add on code
EBUS during
bronchoscopic
diagnostic or
therapeutic
intervention(s)
for peripheral
lesion(s)
Use with 31622-
31629, 31643,
31645- 31646
Bronchoscopy

- Patient had lesion on left lung on CT scan. Bronchoscopy with (EBUS) with biopsies of the para-tracheal lymph nodes and trans-bronchial biopsies of left upper lung lobe were done.
- What are you CPT codes?
  - 31652
  - 31628

Cardiovascular System

- New guideline for cardiovascular system for pulmonary valve implant
- Code 33477 trans-catheter pulmonary valve implant

New CPT guideline for 33477 Pulmonary Valve implant

- 33477 is used to report trans-catheter pulmonary valve implantation (TPVI).
- Should be reported only once per session
- Includes the work when performed
  - percutaneous access
  - placing the access sheath
  - advancing the repair device delivery system into position
  - or repositioning the device as needed
  - and deploying the device(s).
  - Angiography
  - radiological supervision, and interpretation performed to guide TPVI (ex. guiding device placement and documenting completion of the intervention)

All are included in the code.
New CPT guideline for 33477
Pulmonary Valve implant continued

When done to complete the Pulmonary valve implant the following are also included:
- Includes all cardiac catheterizations
- Intra-procedural contrast injection
- Fluoroscopic guidance radiological S&I
- Imaging guidance performed to complete the pulmonary valve procedure

New CPT guideline for 33477
Pulmonary Valve implant continued

Includes when done
- Percutaneous balloon angioplasty of the conduit/treatment zone
- Valvuloplasty of the pulmonary valve conduit
- Stent deployment within the pulmonary conduit or an existing bio-prosthetic pulmonary valve, when performed.

New CPT guideline for 33477
Pulmonary Valve implant continued

- Do not report 33477 in conjunction with 76000, 76001, 93451, 93453-93461, 93530-93533, 93563, 93566-93568 for angiography intrinsic to the procedures
- Do not report 33477 in conjunction with 37236, 37237, 92997, 92998 if done for pulmonary angioplasty/valvuloplasty or stenting within the prosthetic valve delivery site
New CPT guideline for 33477
Pulmonary Valve implant continued

- If pulmonary angioplasty is performed at a site separate from the prosthetic valve delivery site then 92997, 92998 can be reported separately
- If pulmonary artery stenting is performed at a site separate from the prosthetic valve delivery site 37236, 37237 can be reported separately

Diagnostic right heart catheterization and diagnostic coronary angiography codes should not be used with 33477 to report.
- Contrast injections, angiography, road-mapping, and/or fluoroscopic guidance for the TPVI.
- Pulmonary conduit angiography for guidance of TPVI.
- Right heart catheterization for hemodynamic measurements before, during, and after TPVI for guidance of TPVI.

These codes include: 93451, 93453-93461, 93530-93533, 93563, 93566-93568

For separate and distinct services from TPVI the following can be reported with 33477:
- Diagnostic right and left heart catheterization codes (93451-93453, 93456-93461, 93530-93533)
- Diagnostic coronary angiography codes (93454-93464)
- Diagnostic pulmonary angiography code (93568) may be reported with 33477 for separate and distinct services from TPVI if
New CPT guideline for 33477
Pulmonary Valve implant continued

Items representing separate and distinct procedures are as follows:

- No prior study is available and full diagnostic study is performed
- A prior study is available, but as documented in the medical record
  - There is inadequate visualization of the anatomy and/or pathology
  - The patient's condition with respect to the clinical indication has changed since the prior study
  - There is clinical change during the procedure that requires new evaluation

Other items that can be reported separately are:

- Other cardiac cath services when performed for diagnostic purposes not intrinsic to TPVI
- Same session/same day diagnostic cardiac cath services report the appropriate cardiac cath codes appended with modifier 59 or X subset to indicate separate and distinct procedural services TPVI.
- Diagnostic coronary angiography performed at a separate session from an interventional procedure may be separately reportable, when performed
- Percutaneous coronary interventional

- Percutaneous pulmonary artery branch interventions may be reported separately when performed.
- When trans-catheter ventricular support is required in conjunction with TPVI the appropriate code may be reported with the appropriate percutaneous ventricular assist device (VAD) procedure codes (33990-33993)
- Extracorporeal life support services (ECLS) procedure codes (33946-33989) or balloon pump insertion codes (33967, 3390, 33973)
- When cardiopulmonary bypass is performed in conjunction with TPVI code 33477 may be reported with the appropriate add-on code for percutaneous peripheral bypass (33367) open peripheral bypass (33368) or central bypass (33369).
Two New Add-On Codes for Intravascular US Services

- 37252 – IV US (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention including S&I initial non-coronary vessel (list separately in addition to code for primary procedure.)

- 37253- each additional non-coronary vessel (list separately in addition to code for primary procedure.)

  Instructional notes:
  i. 37253 can be used in conjunction with 37252
  ii. Do not report 37252, 37253 in conjunction with 37191-37192, or 37197.

New Add-On Codes for Intravascular US Services continued

- IVUS Services
  - Include all transducer manipulations and/or repositioning within the specific vessel being examined during a diagnostic procedure or before, during, and/or after therapeutic intervention
  - 37191-37192, 37197 include the work of the IVUS and should not be separately reported with those procedures.
  - If a lesion extends across the margins of one vessel into another, this should be reported with a single code despite imaging more than one vessel.
  - Non-selective and/or selective vascular cauterizations may be separately reportable such as 36005-36248.

New Endoscopy Codes

Mediastinoscopy report with:

- 39401- includes biopsy(ies) of mediastinal mass when performed

- 39402- with lymph node biopsy(ies)

39400 has been deleted and 39401 and 39402 have replaced it
Patient diagnosed with a mass of the mediastinal area with enlarged lymph nodes. Patient taken to the OR for mediastinoscopy with biopsy of the mediastinal mass and biopsy of mediastinal lymph nodes. What are the CPT codes that should be assigned.

39402 is the only CPT code you need

39401 and 39402 39401 is code 2 of column 1/ column 2 edit and not allowed to be coded together even with a modifier.

This is because 39402 includes all components of 39401 in addition to the lymph node biopsy(ies) that it includes.

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### Digestive System

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>43210</td>
<td>Esophageal Fundoplasty</td>
</tr>
<tr>
<td>43235</td>
<td>Esophagogastroduodenoscopy</td>
</tr>
</tbody>
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### Biliary Tract

- 43235: Esophagogastroduodenoscopy; flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when, performed (separate procedure)
- A 43210 with esophagogastroduodenoscopy, partial or complete, includes duodenoscopy when performed

Should not be reported with: 43810, 43191, 43197, 43200, 43235
New Codes Biliary System

**Biliary Tract**

New codes: 47351 and 47352

- **47531** describes cholangiography percutaneous existing access:
  - includes complete diagnostic procedure
  - injection of contrast material
  - includes the radiologic S&I
  - includes procedural image guidance (fluro, US)

**47352** new access

In addition to all the above, 47532 also includes accessing the biliary system with needle or catheter

*(ex: given in CPT book is percutaneous trans-hepatic cholangiogram)*

**Biliary Tract continued**

New Codes 47533 and 47534

- **47533** Placement of biliary drainage catheter percutaneous EXTERNAL
  - includes diagnostic cholangiography when performed
  - includes imaging guidance (US or Fluro)
  - includes all radiological S&I
  - 47534 is all the above the only difference is internal-external
Biliary Tract continued

47533, 47534, 47538, 47539, 47540
- In addition to all the previous blocks these can be reported once for each catheter or stent placed
- May be reported once for each catheter conversion, exchange, or removal (internal or external as examples)

47535, 47536, 47537
- May be reported once for each catheter conversion, exchange, or removal (bilobar and bisegmental as examples)

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Biliary Tract continued

47538, 47539, 47540
- May be reported once for each catheter or stent placed in a single bile duct or bridging more than one ductal segment (hepatic duct and common bile duct for example)

47538
- Should not be reported with 47544 if a biliary drainage catheter (external or internal-external) is placed after the biliary stent is placed

Biliary Tract continued

47541
- Should not be reported with 47544 if a balloon is used for removal of calculi, debris, and/or sludge rather than for dilation

47542
- Should not be reported with 47531-47543 for removal of incidental sludge and/or debris

47543
- Should not be reported with 47544 if a balloon is used for removal of sludge and/or debris.
Abdomen, Peritoneum, Omentum

**Excision, Destruction**
- 49185: sclerotherapy includes
- Percutaneous
- Includes contrast injection
- Sclerosant injection(s)
- Diagnostic study
- Image guidance
- Radiological S&I

**How to use**
- For one lesion or multiple lesion interconnected single access report once
- For multiple lesions separate access with modifier 59
- Not for sclerotherapy of lymphatic or vascular malformation
- Do not report with 49424, 76080

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**Urinary System**

New Codes for Urinary 50430-50435 50693-50696 50705-50706

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**Urinary System Guidelines continued**

Other introduction (access via kidney/wall/vascular)
- 50657-50659
- Equipment and setup
- Complications of contrast
- Nephrogram
- Image guidance
- Physical damage to the kidneys with contrast
- Imaging of the renal collecting system and/or associated ureter
- Do not report with 50657-50659 for the same renal collecting system

50431-50432
- Operative intervention during cystoscopy (incision)
- Incision and drainage
- Incision and drainage of kidney
- Intravenous pyelogram
- Nephroscopy
- Ureteroscopy
- Endoscopy
- Image guidance
- Physical damage to the kidneys with contrast
- Imaging of the renal collecting system and/or associated ureter
- Do not report with 50431-50432 for the same renal collecting system
Urinary System Guidelines continued and Individual Code Descriptors

50430
• Inject procedures for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure includes radiological S&I and image guidance for new access

50431
includes above but is for existing access

50432
• Placement of nephrostomy catheter, percutaneous
• Diagnostic nephrostogram and/or ureterogram
• Image guidance
• Radiological S&I
• Do not report 50432 in conjunction with 50430-50433, 50964, 74425 for the same renal collecting system and/or associated ureter

50433
Placement of nephroureteral catheter, percutaneous for new access includes:
• diagnostic nephrostogram and/or ureterogram
• image guidance
• radiological S&I
• Do not report 50433 with 50430-50432, 50693, 50694, 50695, 74425 for the same renal collecting system and/or associated ureter

50434
Convert nephrostomy catheter to nephroureteral catheter percutaneous pre-existing nephrostomy tract includes
• Diagnostic nephrostogram and/or ureterogram
• Image guidance
• Radiological S&I
• Do not report 50434 in conjunction with 50430, 50431, 50435, 50684, 50693, 74425 for the same renal collecting system

50435
Exchange nephrostomy catheter, percutaneous
• Diagnostic nephrostogram and/or ureterogram
• Image guidance
• Radiological S&I
• Do not report 50435 with 50430, 50431, 50434, 50693, 74425 for the same renal collecting system and/or associated ureter

50693
Placement of ureteral stent, percutaneous pre-existing nephrostomy tract
• Nephrostogram and/or ureterogram
• Image guidance
• Radiological S&I

50694
includes all the above but for new access without separate nephrostomy catheter
• Nephrostogram and/or ureterogram
• Image guidance
• Radiological S&I

50695
includes all the above but for new access with separate nephrostomy catheter
• Nephrostogram and/or ureterogram
• Image guidance
• Radiological S&I

50696
includes all the above but for new access with separate nephrostomy catheter
• Nephrostogram and/or ureterogram
• Image guidance
• Radiological S&I

Do not report 50693, 50694, 50695 in conjunction with 50430-50433, 50684, 50694 for the same renal collecting system and/or associated ureter
Urinary System Guidelines continued and Individual Code Descriptors

Repair 50705
- Ureteral embolization or occlusion, including imaging guidance and radiological S&I list separately from the primary procedure
- Can be used with 50684, 50688, 50690, 50694, 50695, 50684, 50688, 50690, 50694, 50695, 50684, 50688, 50690, 50694, 50695, 50684, 50688, 50690, 50694, 50695, 50684, 50688, 50690, 50694, 50695, 50684, 50688, 50690, 50694, 50695

Repair 50706
- Balloon dilation, ureteral stricture, including imaging guidance, radiological S&I
- Use with 50382, 50384-50389, 50430-50435, 50684, 50688, 50690, 50693-50695, 51610

Guidelines for 50705 and 50706
- These two procedures may be performed through de novo transrenal access, and existing, transrenal access, transurethral access, an ileal conduit or ureterostomy the service of gaining access can be reported separately
- Diagnostic pyelography/ureterography is not included and can be reported separately
- Other interventions or catheter placements performed at the same setting as the embolization/dilation may be reported separately

Male Genital System

Repair
- 54437
  - Repair of traumatic corporeal tear(s)
  - For repair of the urethra see 53410, 53415
- 54438
  - Replantation penis complete amputation including urethral repair
  - If incomplete penile amputation see 54437 for repair of corporeal tear(s) and 53410, 53415 for repair of the urethra

Nervous System

61645
- Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intra procedural pharmacological thromolytic (agent(s)
- Do not report 61645 in conjunction with 36221-36226, 37184, 61630, 61635, 61650, 61651 for the same vascular territory

61650
- Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography and imaging guidance (agent(s) in the vascular territory
- Each additional vascular territory (list separately in addition to code for primary procedure
- Use 61651 in conjunction with 61650
- Do not report 61650 or 61651 in conjunction with 36221-36226, 61630, 61635, 61650, 61651 for the same vascular territory

61651
- Each additional vascular territory (list separately in addition to code for primary procedure
- Use 61651 in conjunction with 61650, 61651 in conjunction with 61650, 61651 for the same vascular territory
Nervous system guidelines

61645, 61650, and 61651

- Cerebral endovascular therapeutic intervention in any intracranial artery
- Includes selective catheterizations
- Diagnostic angiography
- Subsequent angiography
- Radiological S&I within the treated vascular territory
- Fluoroscopic guidance
- Neurologic and hemodynamic monitoring of the patient
- Closure of the arteriotomy by manual pressure
- An arterial closure device or suture

Nervous System Guidelines

61645, 61650, 61651 continued

To report these services the intracranial arteries are divided into three vascular territories

1) Right carotid circulation
2) Left carotid circulation
3) vertebro-basilar circulation

Nervous System Guidelines continued

61650 is reported once for

61651 is reported for

61650 and 61651

Do not use these codes to report administration of heparin, nitroglycerin, or any other agent or medication, except as described in the vascular surgery section.
Nervous System Continued

- Introduction / Injection of Anesthetic Agent (nerve block), diagnostic or therapeutic

  - 64461
  - +64462
  - +64463

Paravertebral Block (para-spinous block) thoracic, single injection site includes imaging guidance when performed

Second and any additional injection site(s) includes imaging list separate from the primary procedure

Report in conjunction with 64461 Do not report more than once per day

Continuous infusion by catheter includes imaging

Do not report 64461, 64462, or 64463 with 62310, 62318, 64420, 64421, 64479, 64480, 64490, 64491, 64492, 76942, 77002, 77003

Auditory

- 69209

  - Removal impacted cerumen using irrigation/lavage unilateral
  - Do not report with 69210 when performed on the same ear
  - For bilateral procedure report 69209 with modifier 50
  - For removal of impacted cerumen requiring instrumentation use 69210

Deleted Codes No Replacements

- Represent therapies identified as no longer contemporary or commonly performed
- Rib fracture (21805)
- Laparoscopic cholangiography (47560, 47561)
- Basket or snare gallstone extraction (47630)
- Biliary Catheter/tube Change (47525, 47530)
- Spinal accessory nerve injection (64412)
- 32 vaccine codes
Works Cited


