

Part B Insider (Multispecialty) Coding Alert

CPT® 2014: Prepare Now for Last-Minute Changes to CPT® 2014

Primary code updates make a big difference for your +93463 claims.

If your shiny new CPT® 2014 manual has arrived, the time has come to start adding your own notes to it. The AMA has updated its 2014 (and 2013) Errata and Technical Corrections document with some changes you need to know, and we've got four of the biggest changes outlined below.

Tip: Some updates are classified as errata (E) and others as technical corrections (T). An errata shows information that was approved by the CPT® Editorial Panel but inadvertently left out of the current CPT® book. Technical corrections clarify the Editorial Panel's intent for the current code structure.

1. Know Who Counts as 'Qualified Health Care Professional'

CPT® 2013 introduced the use of "qualified health care professional" throughout the book when codes distinguish who is able to provide the service. The introduction to CPT® 2014 now includes an important clarification regarding this terminology.

Errata posted to the AMA website on Nov. 11, 2013, states, "Throughout the CPT® code set the use of terms such as 'physician,' 'qualified health care professional,' or 'individual' is not intended to indicate that other entities may not report the service. In selected instances, specific instructions may define a service as limited to professionals or limited to other entities (e.g., hospital or home health agency). Revise the instructions for use of the CPT® codebook guidelines to include missing content "define a service as limited to professionals or limited to other entities (e.g., hospital or home health agency)."

Bottom line: If you code for services rendered in a facility setting, you can still report codes that include "qualified health care professional" in the descriptor, when appropriate. Anesthesia codes 01991 (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); other than the prone position) and 01992 (... prone position) include the updated verbiage.

2. Add 4 Codes to +93463's List of Primary Options

The AMA correction documents for both 2013 and 2014 revise the parenthetical note with +93463 (Pharmacologic agent administration [e.g., inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent] including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed [List separately in addition to code for primary procedure]).

Revision: The change adds the underlined codes and deletes the crossed out codes:

"(Use 93463 in conjunction with 93451-93453, 93456-93461, 93530, 93531, 93532, 93533, 93563, 93564, 93580, 93581)."

The two deleted codes are cardiac cath injection add-on codes:

- +93563, Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)

- +93564, Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (e.g., aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (e.g., internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure).

The added codes are congenital cardiac cath codes. These codes are now listed as possible primary codes for +93463:

- 93530, Right heart catheterization, for congenital cardiac anomalies
- 93531, Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies
- 93532, Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies
- 93533, Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies.

3. Correct Chemodenervation Parenthetical Note

Chemodenervation code 64620 (Destruction by neurolytic agent, intercostal nerve) includes three parenthetical notes to clarify the code's use. The first note states that imaging guidance (including fluoroscopy or CT) is included in certain chemodenervation codes.

Correction: Mark in your CPT® book that the applicable code range should be 64633-64636 because the original version included transposed codes.

Count the Times You Report Other Chemodenervation Codes

A technical correction posted Nov. 11, 2013 deals with the following chemodenervation codes that are new for CPT® 2014:

- 64642 □ Chemodenervation of one extremity; 1-4 muscle(s)
- + 64643 □ ... each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)
- 64644 □ Chemodenervation of one extremity; 5 or more muscle(s)
- +64645 □ ... each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure).

AMA has clarified that these four codes can be reported together up to a combined total of four units of service per patient when the provider injects all four extremities. You should report only one base code (64642 or 64644) per session, and can report one unit of add-on codes 64643 or 64645 for each additional extremity injected (instead of one or more units as originally published with earlier information on CPT® 2014).

If the provider performs chemodenervation of trunk muscles, submit new code 64646 (Chemodenervation of trunk muscle[s]; 1-5 muscle[s]) or +64647 (... 6 or more muscle[s]).

Definition: Trunk muscles include the erector spinae and paraspinal muscles, rectus abdominus and obliques. All other somatic muscles are extremity muscles, head muscles, or neck muscles.

Other instructions: You should not report more than one guidance code for each corresponding code for chemodenervation of extremity or trunk muscles. Also note that you should not report modifier 50 (Bilateral procedure) in conjunction with codes 64642-64647.

4. Don't Let 93799 Note Derail 64+ Lead ECG Claims

The CPT® 2014 document also corrects a parenthetical note at the end of the Cardiography guidelines: (For electrocardiogram, 64 leads or greater, with graphic presentation and analysis, see 0178T-0180T use 93799).

The CPT® 2013 corrections document posted this same correction in September of 2012.

The change points you to Category III codes 0178T-0180T (Electrocardiogram, 64 leads or greater, with graphic presentation and analysis ...) instead of unlisted procedure code 93799 (Unlisted cardiovascular service or procedure). The Cat. III codes are specific to 64+ lead ECG, so reporting the unlisted code instead would be inappropriate, according to CPT® guidelines for Cat. III codes.

Resource: The complete lists of revisions are available on the AMA's Errata and Technical Corrections page at www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt/errata.page.

The documents on this page will help you keep tabs on changes to CPT® codes throughout the year.