

# Outpatient Facility Coding Alert

## Get the Most Out of These CPT® 2020 Updates

### Don't disregard some crucial code description changes.

From a general outpatient facility surgery perspective, you've got a wealth of new, revised, and deleted CPT® codes to consider for the 2020 calendar year (CY). Instead of throwing each respective change at you at once, we're going to break down the code updates a few subsections at a time.

In this issue, you'll have a look at some brand-new codes introduced in the integumentary system and musculoskeletal system surgery subsections. Additionally, you'll get an in-depth look at a bundle of crucial revisions to the respiratory system surgery subsection.

Don't get left in the dust. Stay on top of all the relevant CPT® changes to hit the ground running in 2020.

### See 5 New Grafting of Autologous Fat, Tissue Codes

First on the ledger, CPT® is introducing two sets of autologous grafting codes. The first code is for the grafting of autologous soft tissue:

- 15769 (Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)).

Furthermore, you've got four new codes dedicated to the grafting of autologous fat harvested by liposuction technique:

- 15771 (Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate)
- +15772 (...each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure))
- 15773 (Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate)
- +15774 (...each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)).

Also included in the Integumentary System Surgery subsection is the deletion of a set of excision codes that will end up making the rare leap across Surgery sections:

- 19260 (Excision of chest wall tumor including ribs)
- 19271 (Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy)
- 19272 (...with mediastinal lymphadenectomy).

These excision codes will be respectively replaced by their counterpart codes in the Musculoskeletal System Surgery subsection:

- 21601
- 21602
- 21603.

### Get Caught Up On this Bundle of Musculoskeletal Chapter Changes

Next up, CPT® adds some new codes for manual preparation, insertion, and removal of drug-delivery devices:

- 20700 (Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)
- +20701 (Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)
- +20702 (Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)
- +20703 (Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)
- +20704 (Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)
- +20705 (Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure).

You'll also see a new dry needling code to compliment 20560 (Needle insertion(s) without injection(s); 1 or 2 muscle(s)) for encounters that involve three or more muscles:

- 20561 (...3 or more muscles).

**Caution:** Be careful not to confuse dry needling with trigger point injections or acupuncture," advises **Sarah L. Goodman, MBA, CHCAF, COC, CCP, FCS**, president and CEO of SLG, Inc. Consulting in Raleigh, North Carolina. "With dry needling, no medication is administered via the needle," Goodman explains.

Finally, consider these two deleted codes from their respective surgery sections:

- 19304 (Mastectomy, subcutaneous)
- 20926 (Tissue grafts, other (eg, paratenon, fat, dermis).

### Consider Meaning to FESS Code Description Revisions

With respect to the Respiratory System Surgery subsection, you'll find a wide assortment of description revisions for functional endoscopic sinus surgery (FESS) codes. Have a look at each respective revision (note that the strikethrough outlines the prior description and the underline outlines the revised description):

- 31233 (Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture); with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
- 31235 (with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
- 31292 (Nasal/sinus endoscopy, surgical, with orbital decompression; with medial or inferior orbital wall decompression)
- 31293 (with medial orbital wall and inferior orbital wall decompression)
- 31294 (Nasal/sinus endoscopy, surgical, with optic nerve decompression; with optic nerve decompression)
- 31295 (Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa)
- 31296 (with dilation of frontal sinus ostium (eg, balloon dilation))
- 31297 (with dilation of sphenoid sinus ostium (eg, balloon dilation))
- 31298 (with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)).

It's important to understand the significance of these revisions. On the surface, they may seem like inconsequential semantical changes. But if you look further, you'll see that with the mere movement of a semicolon, the code's fundamental DNA changes. For instance, have a look at codes 31233 and 31234. Prior to 2020, you'll notice that each respective code stands on its own (also known as standalone codes). The 2019 and prior version of 31233 exists as "Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)" and 31235 as "Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)." As you can see, no semicolon exists within either code description, meaning that both can be viewed as their own separate entities.

With the updated 2020 CPT® changes, you can see that 31233 now includes a semicolon following "Nasal/sinus endoscopy, diagnostic." This opens the door to the possibility of one or more indented codes that use the code description included before the semicolon within their code descriptions. That's where the 31235 comes in to play; 31235, previously existing as a standalone code, is now an indented code 31233. You may be wondering what impact, if any, this will have on you, as a coder. The impact won't change the way coders submit these procedures, nor will it change the way payers reimburse for them (outside of any possible fee schedule changes).

The underlying reason for the changes is presumably for no other reason than that it's practical. As new codes continue to be added to the CPT® manual, the American Medical Association (AMA) looks for ways to abbreviate and shorten existing code descriptions where it's feasible. That's especially apparent with the revisions to codes 31296-31298. These three codes, which are indented codes to the base code 31295, are now simplified to anatomic site, alone. By placing the description "with dilation (eg, balloon dilation)" prior to the semicolon, indented codes 31296-31298 do not need to include any additional, redundant language.