

2016 CPT Code Changes



The 300 new, deleted, revised, and converted CPT codes for 2016 are here and you will need to make sure they are loaded in your billing and EMR system(s) on or before January 1, 2016. This is also a great time to upload the 2016 Medicare allowables for your locality and for any payer contracts that apply a multiplier to the current Medicare fee schedule for their own allowables (for instance, XYZ payer pays 125% of 2016 Medicare).

Only a few areas do not have any changes this year – there are no deleted or changed modifiers and there are no changes to the anesthesia chapter of CPT. As for everything else, grab your 2016 CPT code book or digital version and follow along. *Note that this is not an all-inclusive list; review your CPT book for complete description of all codes.*

Don't forget to scroll down to the bottom of this post to see the new category three (temporary) codes that may apply to your specialty.

Evaluation and Management Codes (E/M)

- Add-on codes for Prolonged Services **+99354** and **+99355** now apply to prolonged face-to-face outpatient psychotherapy as well as to prolonged face-to-face E/M codes. Use a primary E/M or psychotherapy code, one 99354 (30-74 minutes in addition to the time spent on the initial/primary service) per day and as many units

of 99355 as needed to match the time spent. **NOTE:** check the table in your CPT book to report the correct codes by time. OUTPATIENT ONLY.

- Two new add-on Prolonged Services codes have been created. **+99415 and +99416 are to be used to report prolonged face-to-face clinical staff service with physician, NP OR PA supervision.** Same rules as above. Prolonged codes start at >45 minutes. **NOTE:** Document what you did and how long you did it. If you are reporting additional procedures, document the time and note that they are excluded from the prolonged service so no one thinks you're double-dipping. OUTPATIENT ONLY.
- Any code with a "+" prefix must be reported with a primary code. These add-on codes can never appear on a claim by itself.

Integumentary System

- **New: 10035**, placement of soft tissue locations devices such as clips, markers, etc., first lesion
- **New add-on: +10036**, placement of soft tissue locations devices such as clips, markers, etc., additional lesions (Not be used for breast, use existing breast codes (19081-19086), w/biopsy (19281-19288))

Musculoskeletal System

- **Deleted: 21805** – open treatment w/o fixation for rib fracture (Closed treatment or uncomplicated to use E/M code, Open treatment with fixation, use 21811- 21813)

Respiratory System

- **Revised: 31632 and 31633** bronchoscopy codes now include moderate sedation
- **Deleted: 31620**

- **New: Bronchoscopy codes with EBUS 31652** (one or two node stations or structures), **31653**, (three or more node stations or structures), **+31654** (peripheral lesions – look in the CPT book for primary codes this add-on code can be used with)

Cardiovascular System

- **New: Category III code 0262T** has been replaced with **33477**, Transcatheter pulmonary valve implantation, includes procedure, angioplasty and imaging guidance, supervision and interpretation when performed
- **Revised: 37184, 37185, and 37186** were revised to include description “non-intracranial vessels”. Fluoroscopy is included.
- **New: 37211** is for intracranial vessels
- **Deleted: +37250 and +37251**
- **New add-on: +37252** (intravascular ultrasound, initial noncoronary vessel) and **+37253** (intravascular ultrasound, each additional noncoronary vessel. Look in the CPT book for primary codes this add-on code can be used with.)
- **Deleted: 39400**
- **New: 39401** (Mediastinoscopy with biopsy of mediastinal mass, when performed) and **39402** (Mediastinoscopy with lymph node biopsy, when performed)

Digestive System

- **New: 43210** transoral approach using endoscope, not open, partial or complete

Biliary

- **Deleted: 47560 and 47561** (see 47579, 47531, or 47532 for percutaneous cholangiography)
- **Deleted: 47630** (see 47544)

- **Deleted:** 47500, 47505, 47510, 47511, 47525, 47530, 74305, 74320, 74327
- **New:** 47531 Injection procedure for cholangiography, includes RSI – radiologic supervision and interpretation, existing access and 47532 Injection procedure for cholangiography, includes RSI – radiologic supervision and interpretation, new access.
- **New:** 47533 Placement of biliary drainage catheter, includes cholangiography, includes RSI – radiologic supervision and interpretation, external and 47534 Placement of biliary drainage catheter, includes RSI – radiologic supervision and interpretation, internal-external.
- **New:** 47535 Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, includes cholangiography, includes RSI – radiologic supervision and interpretation
- **New:** 47536 Exchange of biliary drainage catheter, all types, includes cholangiography, includes RSI – radiologic supervision and interpretation
- **New:** 47537 Removal of biliary drainage catheter, includes cholangiography, includes RSI – radiologic supervision and interpretation
- **New:** 47538 Placement of stent into bile duct, includes cholangiography, includes balloon dilation and catheter exchange(s) and removal(s), includes RSI – radiologic supervision and interpretation, each stent, existing access
- **New:** 47539 Placement of stent into bile duct, includes cholangiography, includes balloon dilation and catheter exchange(s) and removal(s), includes RSI – radiologic supervision and interpretation, each stent, new access, **without** placement of separate biliary drainage catheter (*Handy table for reference in CPT book before this code!*)
- **New:** 47540 Placement of stent into bile duct, includes cholangiography, includes balloon dilation and catheter

exchange(s) and removal(s), includes RSI – radiologic supervision and interpretation, each stent, new access, **with** placement of separate biliary drainage catheter

- **New: 47541** Rendezvous Procedure, **new access**, includes RSI – radiologic supervision and interpretation
- **New add-on: +47542** Balloon dilation of biliary duct, **each duct** (*look for primary codes this can be used with and use modifier -59 if a second unit/duct is treated*)
- **New add-on:+47543** Endoluminal biopsy of biliary tree, single or multiple, includes RSI – radiologic supervision and interpretation , report this code once per session
- **New add-on:+47544** Removal of calculi or debris from biliary ducts or gallbladder, includes RSI – radiologic supervision and interpretation (*look for primary codes this can be used with*)

Digestive System: Sclerotherapy

- **New: 49815** – one unit per lesion treated, report subsequent lesion(s) with modifier -59

Urinary System: Kidney

- **Revised: 50387** deleted transnephric ureteral stent and added “nephroureteral catheter”, see **50688** for removal and replacement of externally accessible ureteral stent (removal of stent without a replacement falls under E/M)

Kidney: New Heading Called Injection, Change or Removal

- **Deleted: 50392, 50393, 50394, 50398**
- **New: 50430** (new access) and **50431** (existing access) both include RSI – radiologic supervision and interpretation
- **New: 50432 and 50433** (new access) both include RSI –

radiologic supervision and interpretation, report one unit of 50432 for each renal collecting system or ureter accessed

- **New: 50434** (pre-existing nephrostomy tract) **and 50435** (exchange catheter), both include RSI – radiologic supervision and interpretation, report one unit of 50435 for each renal collecting system or ureter accessed
- **New add-on: +50606** non-endoscopic endoluminal biopsy, once per ureter per day, includes RSI – radiologic supervision and interpretation (*look in the CPT book for primary codes this add-on code can be used with*)
- **New: 50693** (placement of ureteral stent, existing access) **50694** (new access separate nephrostomy catheter) **and 50695** (new access **with** separate nephrostomy catheter), all include RSI – radiologic supervision and interpretation
- **New add-on: +50705** (ureteral embolization or occlusion) includes RSI – radiologic supervision and interpretation, once per ureter treated per day (*look in the CPT book for primary codes this add-on code can be used with*)
- **New add-on: +50706** (balloon dilation) includes RSI – radiologic supervision and interpretation (*look in the CPT book for primary codes this add-on code can be used with*)

Male Genital

- **New: 54437** Penis Repair (repair of urethra may be reported separately)
- **New: 54438** Penis Replantation, complete amputation (for partially amputated see 54437, for urethra repair see 54310 and 54315)

Nervous System

- **New: 61645** Mechanical thrombectomy, intracranial

- **New: 61650** Endovascular intracranial prolonged administration of pharmacologic agents not for thrombolysis, arterial, initial vascular territory
- **New add-on: +61651** Endovascular intracranial prolonged administration of pharmacologic agents, arterial, not for thrombolysis, each additional vascular territory
- **Deleted: 64412, use 64999**
- **New: 64461** Paravertebral Block (PVB), thoracic, single injection, includes imaging guidance when performed
- **New add-on: +64462** Second and any additional injection sites, can only be reported once per day, includes imaging guidance when performed
- **New: 64463** Continuous infusion by catheter, includes imaging guidance when performed

Eye

- **New: 65785** Implantation of intrastomal corneal ring segments, revised to state “one session” (Category III code 0099T was replaced by this code)
- **Revision: 67101** Trabeculectomy by laser surgery, revised to state “including drainage when performed” and revised to replace “with or without” with “including when performed”
- **Revision: 67105** Trabeculectomy, photocoagulation, repair of retinal detachment, revised to state “including drainage when performed” and revised to replace “with or without” with “including when performed”
- **Deleted: 67112** Retinal detachment, use 67107, 67108, 67110 or 67113 as appropriate
- **Revised: 67107** Repair of retinal detachment, scleral buckling, revised to replace “with or without” with “including when performed”
- **Revised: 67108** Repair of retinal detachment with vitrectomy, revised to replace “with or without” with “including when performed”

- **Revised: 67113** Repair of complex retinal detachment, revised to replace “with or without” with “including when performed”
- **Revision: 67227** Destruction of extensive or progressive retinopathy, revised to remove “one or more sessions”
- **Revision: 67228** Treatment of extensive or progressive retinopathy, photocoagulation, revised to remove “one or more sessions”

Auditory System

- **New: 69209** Removal of impacted cerumen using irrigation/lavage, unilateral
- **New: 69210** Removal of impacted cerumen requiring instrumentation, unilateral, **NOTE:** For removal of non-impacted cerumen, use E/M code, append modifier -50 for bilateral (both ears), do not report 69209 and 69210 for the same ear!

Diagnostic Radiology

- **Deleted: 70373** (see unlisted code 76499 for contrast laryngography)
- **Revised: 72080** Spine, thoracolumbar junction, minimum of two views
- **Deleted: 72069 and 72090**
- **New: Scoliosis Evaluation Codes 72081** (one view), **72082** (two or three views), **72083** (four or five views) and **72084** (minimum six views)
- **Deleted: 73500, 73510, 73520, 73530 and 73540**
- **New: Hip With Pelvis** (when performed) Unilateral **73501** (one view), **73502** (two or three views), **73503** (minimum four views)
- **New: Hip With Pelvis** (when performed) Bilateral **73521** (two views), **73522** (three or four views), **73523** (minimum five views)
- **Deleted: 73550**

- **New:** 73551 Femur (one view) and 73552 (two or more views)
- The word “film” has been replaced by “**image**” in 74240, 74241, 74245, 74246, 74247, 74250 and 74340
- **New:** MRI of Fetus 74712 (single gestation) and +74713 (each additional gestation) only if fetus is imaged

Radiology: Brachytherapy

- **New:** 77767 and 77768 (multiple lesions or channels)
- **Deleted:** 77785 and 77786
- **New:** 77770 (one channel), 77771 (two to twelve channels), 77772 (more than twelve channels)
- **Deleted:** 77776 and 77777 (see 77799 for intermediate service)
- **Revised:** 77778 to include “supervision, loading and handling of the radiation source”

Radiology: Nuclear Medicine

- **Revised:** 78624 to include “imaging study” and “(solid food, liquid food or both)”
- **New:** 78265 (small bowel transit) and 78266 (small bowel and colon transit)

Pathology and Laboratory

- **New:** 80081 addition of HIV testing the standard OB panel (must have all elements of the panel performed to use 80085 or 80081, otherwise must code each test separately)
- **NOTE:** Refer to the CPT book for many additional changes

Medicine: Vaccines

- **Deleted:** 13 outdated codes deleted
- **Revised:** 40+ codes reworded to improve clarity
- **New:** 90625 Cholera Vaccine
- **New:** 90697 DTap-IPV-Hib-HepB

- **New: 90620** Meningococcal, 2 dose schedule
- **New: 90621** Meningococcal, 3 dose schedule

Otolaryngology

- **Deleted: 92543**
- **New: 92537** (bilateral, bithermal, 4 irrigations) and **92538** (bilateral, monothermal, two irrigations)

Cardiovascular and Pulmonary

- **New: 93050** Arterial pressure waveform analysis (**Category III code 0311T deleted**)
- **Revised: 94640** “for therapeutic purposes” and includes “sputum induction”

Neurology and Neuromuscular

- **Deleted: 95973**
- **Revised: 95972** revised to remove the time element

Dermatology

- **New primary and add-on codes: RCM Codes 96931** (image acquisition, interpretation and report, first lesion), **96932** (image acquisition only, first lesion), and **96933** (interpretation and report only, first lesion), **+96934** (image acquisition, interpretation and report, each additional lesion), **+96935** (image acquisition only, each additional lesion), and **+96936** (interpretation and report only, each additional lesion) **NOTE:** Technical is image acquisition, Professional is interpretation and report. Both components are included in 96931 and 96934.

Medicine: Other

- **Revised: Ocular Screening 99174** to include “remote analysis and report”

- **New: Ocular Screening 99177** onsite analysis

Category III Codes

- **Sunset Codes:** 0103T, 1223T, 0123T, 0223T, 0224T, 0225T, 0233T, 0240T, 0241T, 0243T, 0244T (codes not replaced by a Category I code)
- **Replaced Codes:** 0099T see 65785, 0182T see 0394T and 0395T, 0262T see 33477, 0311T see 93050
- **New: 0381T** (Epilepsy seizure recording up to 14 days with review and report), **0382T** (14-day with review and report only), **0383T** (Epilepsy seizure recording for 15 to 30 days with review and report), **0384T** (15 to 30 days with review and report only), **0385T** (Epilepsy seizure recording for more than 30 days with review and report), and **0386T** (>30 days with review and report only)
- **New: Permanent Leadless Pacemaker 0387T** (insertion/replacement), **0388T** (removal), **0389T** (programming), **0390T** (evaluation) and **0391T** (interrogation)
- **New: Esophageal Sphincter Augmentation Device 0392T** (placement), and **0393T** (removal)
- **New: Electronic Brachytherapy 0394T** (skin surface) and **0395T** (interstitial or intracavitary)
- **New add-on: +0396T** Implant stability testing during knee replacement
- **New add-on: +0397T** Optical endomicroscopy during ERCP
- **New: 0398T** MRI-guided ultrasound for intracranial lesion ablation
- **New: +0399T** Myocardial strain imaging
- **New: 0400T** (Digital skin lesion analysis, one to five lesions) and **0401T** (digital skin lesion analysis, six or more lesions)
- **New: 0402T** Collagen cross-linking of cornea
- **New: 0403T** Behavior change in high-risk patients for diabetes prevention, group setting, 60 minutes per day
- **New: 0404T** Uterine fibroid ablation with ultrasound

guidance, radiofrequency, reported once regardless of number of fibroids treated

- **New: 0405T** Thirty minutes or more per month non-face-to-face liver assist care oversight
- **New: 0406T** Nasal endoscopy, placement of drug-eluting implant and **0407T** endoscopy with biopsy, polypectomy or debridement

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