2016 *Current Procedural Terminology* Changes Pertinent to Urgent Care

■ DAVID STERN, MD, CPC

This month's column is an update on recent changes to *Current Procedural Terminology* (CPT) codes. Changes for 2016 are fairly minimal.

Evaluation and Management

There were two revisions and two additions to the "Evaluation and Management" section. Add-on codes **99354**, "Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour," and **99355**, ". . . each additional 30 minutes," were revised to add the term *psychotherapy* in the description.

Some good news in this section is that there are now two new add-on codes that allow billing when clinical staff provide prolonged care:

- **99415:** "Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or other outpatient setting, direct patient contact with physician supervision; first hour"
- **99416:** ". . . each additional 30 minutes"

The payors will have their own rules for billing and payment, but these codes do appear on the Medicare Physicians Fee Schedule[1] (MPFS), at nominal rates of around $9.00 for code 99415 and $0.80 for code 99416, depending on your Medicare jurisdiction.

David E. Stern, MD, CPC, is a certified professional coder and is board-certified in internal medicine. He was a director on the founding board of UCAOA and has received the organization's Lifetime Membership Award. He is CEO of Practice Velocity, LLC (www.practicevelocity.com), NMN Consultants (www.urgentcare-consultant.com), and PV Billing (www.practicevelocity.com/urgent-care-billing/), providers of software, billing, and urgent care consulting services. Dr. Stern welcomes your questions about urgent care in general and about coding issues in particular.

Cerumen Removal

The one addition to the "Auditory System" section has been long overdue. Code **69209**, "Removal of impacted cerumen using irrigation/lavage, unilateral," has been added. This code cannot be reported with code **69210** for the same ear, and it still must be reported only when the cerumen is impacted. This code will be reimbursed by the Centers for Medicare & Medicaid Services at rates of $10 to $15, depending on what Medicare jurisdiction you are in, according to the MPFS. It has a professional component/technical component (PC/TC) indicator code of 5, which identifies codes that describe services covered incident to a physician's service when provided by auxiliary personnel employed by the physician and working under the physician's direct personal supervision.

Radiology

The "Radiology" section and guidelines have been updated, and codes were added to specify the number of views taken. The written report has been further defined as being handwritten or electronic. Many revisions have been made where the term *images* replaces the term *film*. There were 14 revisions, 21 additions, and 25 deletions.

Code **72080**, "Radiologic examination spine; thoracolumbar junction, minimum of 2 views," was revised. Code 72090 was deleted, and we are directed to use new codes instead:

- **72081:** "Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view"
- **72082:** ". . . 2 or 3 views"
- **72083:** ". . . 4 or 5 views"
- **72084:** ". . . minimum of 6 views"

Several changes were made in the "Lower Extremities" section:

- Code 73500 was deleted and replaced with new code

[1]https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html

Find Your New Job TODAY!

FREE Online Job Board:

JUCM'S CareerCenter is a FREE Online Job Board and job search tool where job seekers can:

- Receive New Jobs Via Email
- Apply Online
- Save Jobs
- Upload your Resume

Start searching at:
www.UrgentCareCareerCenter.com

JUCM
THE JOURNAL OF URGENT CARE MEDICINE
CAREERCENTER

(201) 529-4020
classified@jucm.com

CODING Q & A

73501: "Radiologic examination, hip, unilateral, with pelvis when performed; 1 view."

- Code 73510 was deleted and replaced with new codes **73502**, "Radiologic examination, hip, unilateral, with pelvis when performed, 2–3 views," and **73503**, "Radiologic examination, hip, unilateral, with pelvis when performed, minimum of 4 views."
- Code 73520 was deleted and replaced with new codes **73521**, "Radiologic examination hips, bilateral, with pelvis when performed, 2 views"; **73522**, "Radiologic examination hips, bilateral, with pelvis when performed, 3–4 views"; and **73523**, "Radiologic examination hips, bilateral, with pelvis when performed, minimum of 5 views."
- Codes 73530 ("Radiologic examination, hip, during operative procedure") and 73540 ("Radiologic examination, pelvis and hips, infant or child. Min[imum] of 2 views") were deleted, and we are now directed to new codes **73501**, **73502**, and **73503**, as already described here.
- Code 73550 was deleted and replaced with new codes **73551**, "Radiologic examination, femur; 1 view," and **73552**, "Radiologic examination, femur, minimum 2 views."

Vaccines

The "Medicine" section had 50 revisions, 14 additions, and 19 deletions. Most of these were in the "Vaccines/Toxoids" section. The use of the codes did not change, but the vaccine and toxoid codes were revised to include the vaccine or toxoid abbreviation, and the number of doses. For example, code **90655**, "Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use," was revised to add *(IIV3)* to the code.

New codes are as follows:

- **90697:** "Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, *Haemophilus influenza* type b PRP-OMP [*Neisseria meningitidis* outermembrane protein] conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use"
- **90620**: "Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for intramuscular use"
- **90621:** "Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for intramuscular use"
- **90625:** "Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use"

Codes 90645 and 90646 were deleted.

Nebulizer Administration

In the "Pulmonary" section, code **94640**, better known as a nebulizer treatment, was revised to include therapeutic purposes and sputum induction. ■