



## 2017 Current Procedural Terminology (CPT) Code Changes

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*“Presumptive drug screen codes have been deleted and replaced with a new series of codes.”*

- 77012, “Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation”
- 77021, “Magnetic resonance guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation”

**A** new year always brings changes, and CPT is not excluded. As of January 1, 2017 you will want to take note of CPT code changes that will affect your billing.

### Imaging Guidance Codes with Puncture Aspiration

If guidance is used for needle placement when performing puncture aspiration CPT code 10160, “Puncture aspiration of abscess, hematoma, bulla, or cyst,” coders are directed to the imaging guidance codes:

- 76492, “Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) imaging supervision and interpretation”
- 77002, “Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)”

### Fracture Code Deletion

CPT code 22305, “Closed treatment of vertebral process fracture(s),” is deleted and providers are directed to use the appropriate Evaluation and Management (E/M) code.

### Presumptive Drug Screen Codes Deleted and Replaced

Presumptive drug class screening codes 80300-80304 were deleted and replaced with:

- 80305, “Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service”
- 80306, “Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); read by instrument assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service”
- 80307, “Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-



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MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service”

All three of these codes are to be reported only once, irrespective of the number of drug class procedures or results on any date of service.

**Influenza Description Changes**

Some influenza vaccine code descriptions are revised to include the dosage, while the age ranges have been deleted for codes:

- 90655, “Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use”
  - Age range of 6-35 months deleted
- 90656, “Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use”
  - Age range 3 years and older deleted
- 90657, “Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use”
  - Age range 6-35 months deleted
- 90658, “Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use”
  - Age range 3 years and older deleted
- 90661, “Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use”
  - No age range was listed
- 90674, “Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL, for intramuscular use”
  - This was a new code effective August 1, 2016 and just now making its appearance in the CPT manual
- 90685, “Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use”
  - Age range 6-35 months deleted
- 90686, “Influenza virus vaccine, quadrivalent (ccIIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use”
  - Age range 3 years and older deleted
- 90687, “Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use”
  - Age range 6-35 months deleted
- 90688, “Influenza virus vaccine, quadrivalent (ccIIV4), split virus, 0.5 mL dosage, for intramuscular use”
  - Age range 3 years and older deleted

**New E/M Codes for Physical, Occupational, and Athletic Evaluations**

Physical Medicine and Rehabilitation codes 97001-97006 have

*“CMS will pay the same work RVU for physical and occupational therapy initial evaluations, no matter what level of service is billed”*

been deleted and the section expanded to define new documentation requirements for evaluations and re-evaluations. Previously, the only criterion that determined the correct code was whether the evaluation was an initial evaluation or a re-evaluation. Now, the provider must document history, examination, clinical decision making, and plan of care to determine the complexity of the level of service provided: low, moderate, or high. Much like E/M coding, the therapist is directed to insert this into an algorithm to determine the correct code level.

Coders are directed to the following CPT codes:

- 97161-97164 for physical therapy evaluations
- 97165-97168 for occupational therapy evaluations
- 97169-97172 for athletic training evaluations

Interestingly, CMS had decided that it will pay the same work Relative Value Unit (RVU) of 1.20 for physical and occupational therapy initial evaluations, no matter what level of service is billed. One might expect this to change in future years. Physical and occupational therapy re-evaluations will be paid at the work RVU of .75. (See <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1654-F.html>.)

Visit the Practice Velocity website at <http://www.practicevelocity.com/blog/new-evaluation-management-codes-2017/> for detailed information on the specific documentation requirements for each level of service.

**New Indicator and Appendix for Telemedicine**

Appendix P, CPT Codes That May Be Used for Synchronous Telemedicine Services, has been added to provide a listing of codes for reporting real-time telemedicine services when appended by new modifier -95, “Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system.” ■

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