



2018 Current Procedural Terminology (CPT) Code Changes

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There are 314 code changes in the CPT manual for 2018, with 172 new codes, 60 revised codes, and 82 deleted codes. Most of the changes affect surgery procedures, but several changes are relevant to urgent care. For your convenience, we have listed these changes in expected relevance to urgent care:

Radiology

Codes for x-rays of the chest and abdomen have been deleted and replaced with codes based on the number of views; the guidelines give specific instruction on what has changed:

- New code 71045, "Radiologic examination, chest; single view" replaces deleted codes 71010 and 71015
- New code 71046, "Radiologic examination, chest; two views" replaces deleted codes 71020, 71023, and 71035
- Coders are also directed to use codes 76000, "Fluoroscopy (separate procedure), up to one hour, physician or other qualified health care professional time," and code 76001, "Fluoroscopy, physician or other qualified health care professional, time more than one hour, assisting a non-radiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)" for deleted code 71023
- New code 71047, "Radiologic examination, chest; three views" replaces deleted codes 71021, 71022, and 71035
- New code 71048, "Radiologic examination, chest; four or more views" replaces deleted codes 71022, 71030, and 71034
- New code 74018, "Radiologic examination, abdomen; one view" replaces deleted code 74000
- New codes 74019, "Radiologic examination, abdomen; two views" and 74021, "Radiologic examination, abdomen; three or more views" replace deleted codes 74010 and 74020.



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Vaccines and Toxoids

There were two new flu vaccines introduced in July 2017 that will appear in the CPT manual in 2018:

- 90756, "Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use"
- 90682, "Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use"

Application of Casts and Strapping

Multilayer compression bandage applications codes 29582 (thigh and leg) and 29583 (upper arm and forearm) were deleted. No guidance for replacement codes was provided. Coders should be aware of this procedure code deletion, but still code for the supplies that are used.

Pathology and Laboratory

While new genetic testing codes make up the bulk of the changes in pathology codes, there are two new Zika virus tests that will be available:

- 86794, "Zika virus, IgM"
- 87662, "Zika virus, amplified probe technique"

Home and Outpatient International Normalized Ratio (INR) Monitoring Services

Anticoagulant management services codes 99363 and 99364 have been deleted and will now be reported with new codes:

- 93792, "Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results"
- 93793, "Anticoagulant management for a patient taking warfarin, must include review of interpretation of a new home, office, or lab international normalized ratio (INR) test result,

patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed”

Further guidelines for code 93793 state that the code cannot be reported more than once per day and that it also cannot be billed with new and established Evaluation and Management (E/M) codes 99201 through 99215 or with consultation codes 99241 through 99245.

Cognitive Assessment and Care Plan Services

Healthcare Common Procedure Coding System (HCPCS) Level II code G0505 has been replaced with CPT code 99483, “Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home with all of the following required elements: Cognition-focused evaluation, including a pertinent history and examination;

- Medical decision-making of moderate or high complexity;
- Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity;
- Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDRI]);
- Medication reconciliation and review for high-risk medications;
- Evaluation for neuropsychiatric and behavioral symptoms,

including depression, including use of standardized screening instrument(s);

- Evaluation of safety (eg, home), including motor vehicle operation;
- Identification of caregivers(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks;
- Development, updating or revision, or review of an Advance Care Plan;
- Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neurocognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support
- Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.”

Pulmonary Diagnostic Testing and Therapies

New code 94618, “Pulmonary stress testing (eg, six-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed” replaces deleted code 94620. One other code added to this section is 94617, “Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry.”

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