



2019 Current Procedural Terminology (CPT) Code Changes

■ DAVID E. STERN, MD, CPC

The American Medical Association (AMA) has finalized CPT code changes for 2019. There are 335 code changes this year, updating codes for telemedicine, fine needle aspiration, skin biopsies, and many in the surgery section. You will also find updates to some ultrasound and MRI procedures, a new flu vaccination code, and numerous updates in the medicine section. We will review pertinent updates by section:

Evaluation and Management

Interprofessional telephone/internet/electronic health record consultations

In an effort to keep up with today's technology, the term "electronic health record" has been added to the descriptions for codes 99446 through 99452, to be billed by the consultant whom the patient's treating physician is seeking the advice of, and who has specific specialty expertise, in the diagnosis or management of the patient's problem without patient face-to-face contact with the consultant. The codes are based on time, with a minimum time of 5 minutes of consultation by telephone, internet, or electronic health record contact required in order to bill for the service. Two new codes in this area were also introduced:

- 99451, "Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time"
- 99452, "Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes"



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"Skin biopsy guidelines were updated, with new codes based on the method of removal and number of lesions: tangential (shave, scoop, saucerize, and curette), punch, and incisional."

Codes 99453 and 99454 were added to report physiologic monitoring services during a 30-day period, and 99457, "remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month" was added to be reported with chronic care management services (99487, 99489, 99490), transitional care management services (99495, 99496), and behavioral health services (99484, 99492, 99493, 99494).

Surgery/Integumentary System

Skin biopsy guidelines were updated, and codes 11100 and 11101 for biopsies of single and each additional lesion were deleted. In their place are codes 11102 through 11107, which include three primary codes and three add-on codes, based on the method of removal and number of lesions: tangential (shave, scoop, saucerize, and curette), punch, and incisional.

Radiology

Code 76001, representing fluoroscopy for more than an hour was deleted due to low-volume reporting.

Several new codes were added to represent MRI and ultrasound procedures. CPT code 76391 will be used to report magnetic resonance (vibration) elastography, and codes 77046 through 77049 are new breast MRI procedures. Codes 76978 and 76979 will be used to report ultrasound procedures using dynamic microbubble sonographic contrast characterization, per the number of lesions. New codes 76981 through 76983 represent ultrasound elastography per organ, first target lesion, and each additional target lesion, respectively.

“Updated codes for cognitive, developmental/behavioral, psychological/neuropsychological screening, testing, and assessment services are based on time.”

Medicine/Vaccines, Toxoids

New code 90689, “influenza virus vaccine, quadrivalent (IIV4); inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use” is pending Federal Drug Administration (FDA) approval.

Medicine/Neurology and Neuromuscular Procedures

Neurostimulator codes 95974, 95975, 95978, and 95979 were deleted and replaced with new codes 95976 for simple cranial nerve neurostimulator pulse generator/transmitter programming, 95977 for complex programming, 95983 for the first 15

minutes of brain neurostimulator pulse generator programming, and add-on code 95984 for each additional 15 minutes of brain neurostimulator pulse generator programming.

Medicine/Central Nervous System Assessments/Tests

Guidelines and codes were updated in this section to detail cognitive, developmental/behavioral, psychological/neuropsychological screening, testing, and assessment services. The new codes are based on time. Use codes 96112 and 96113 for developmental test administration, 96116 and new add-on code 96121 for psychological/neuropsychological testing, codes 96130 through 96133 for testing evaluation services, and codes 96136 through 96139 for test administration and scoring.

Medicine/Adaptive Behavior Services

A new section for adaptive behavior assessment and treatment was added, introducing codes 97151 through 97158.

There were also a number of pathology and laboratory codes, as well as category III codes added. ■

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