2014 CPT Changes in Anesthesiology and Pain Management

Each year the American Medical Association (AMA) reviews the CPT code book and makes changes based on recommendations and utilization rates. This article only provides an outline of the major CPT changes for 2014; Crosswalk information regarding ASA codes for new CPT codes as well as any changes in cross codes or base unit changes from the ASA will not be available until the beginning of December.

Key Changes for 2014

Anesthesia Codes (00100 – 01999) – There are no additions, deletions, or revisions to the codes themselves. Any base unit changes will not be available until early December.

Surgery (CPT 10021 – 69999)

- New CPT codes for percutaneous breast procedures based on the modality of imaging. CPT codes 19102 and 19103 have been deleted.
- New CPT codes for the removal of shoulder prosthesis – one for a partial removal and one for a total removal.
- Endovascular repair of visceral aorta (aneurysm, pseudoaneurysm, dissection) has been deleted from the "T" code section and expanded into eight Category I CPT codes.
- New vascular stent and embolization codes.
- New esophagoscopy, esophagogastroduodenoscopy, and ERCP codes.
- New percutaneous, image guided, drainage codes.
- New Chemodenervation codes based on the number of muscles.

New CPT Codes: Surgery

Integumentary System

There are three new breast biopsy codes with localization. These codes differ in the modality of the imaging, stereotactic, ultrasound or MRI.

10030 – Image guided fluid collection drainage by catheter (e.g., abscess, hematoma, seroma, lymphocele, cyst), soft tissue (e.g., extremity, abdominal wall, neck), percutaneous.

19081 – Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion,

including stereotactic guidance.

19083 – Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance.

19085 – Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance.

Musculoskeletal System

Previously, the removal of total shoulder prosthesis was coded as a complicated foreign body removal. That CPT code has been deleted and replaced with two new codes – one for the removal of partial shoulder prosthesis and one for the removal of total shoulder prosthesis. It remains to be seen if the ASA will value these two codes the same or not.

23333 – Removal of foreign body, shoulder, deep (subfascial or intramuscular).

23334 – Removal of prosthesis, including debridement and synovectomy when performed; humeral or glenoid component.

23335 – Removal of prosthesis, including debridement and synovectomy when performed; humeral and glenoid components (e.g., total shoulder).

Cardiovascular System

33366 – Transcatheter aortic valve replacement with prosthetic valve; transapical exposure (eg, left thoracotomy).

New codes are created for aorta grafts, some which were previously category III codes or “T” codes. These combined codes are divided by the location of the graft and the number of visceral artery endoprostheses.

34841 – Endovascular repair of visceral aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery).

34842 – Endovascular repair of visceral aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]).

34843 – Endovascular repair of visceral aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated

visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]).

34844 – Endovascular repair of visceral aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]).

34845 – Endovascular repair of visceral aorta and infrarenal abdominal aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery[s]).

34846 – Endovascular repair of visceral aorta and infrarenal abdominal aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]).

34847 – Endovascular repair of visceral aorta and infrarenal abdominal aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]).

34848 – Endovascular repair of visceral aorta and infrarenal abdominal aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]).

37217 – Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty when performed, and radiological supervision and interpretation.

The stent codes, other than the head/neck and lower extremity, are revised to be similar to the already existing lower extremity stent codes that include angioplasty. The new codes are divided into separate codes by artery or vein. These new codes are open or percutaneous which means the ASA code assigned to them will differ depending on the approach. This information will be very crucial in determining the correct cross code.

37236 – Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery.

37238 – Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein.

Another major change in the vascular section is the creation of combined embolization procedures. The new codes are divided up by the reason for the embolization or occlusion and the vascular system (arterial or venous).

- There are two codes (arterial or venous) for malformations, fistulas, aneurysms and pseudoaneurysms.
- One code for tumors, organ ischemia or infarction and one code for hemorrhage or lymphatic extravasation.

37241 – Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (e.g., congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles).

37242 – Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (e.g., congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms).

37243 – Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction.

37244 – Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation.

Digestive System

There are numerous new Esophagoscopy, Esophagogastroduodenoscopy and Endoscopic Retrograde Cholangiopacreatography (ERCP) codes for 2014. While the base units for all of these procedures are the same, this type of service (anesthesia for endoscopy procedures) continues to be a significant revenue source for many of our groups. For groups where Novitas is your Medicare MAC – Medicare Administrative Contractor (Delaware, Maryland, New Jersey, Pennsylvania, Washington, D.C., Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, and Texas) the LCD (Local Coverage Determination)for these procedures will require a medically necessary diagnosis above and beyond the reason for the procedure in order to receive payment from Medicare.

43191 – Esophagoscopy, Rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure).

43192 – Esophagoscopy, Rigid, transoral; with directed submucosal injection(s), any substance.

43193 – Esophagoscopy, Rigid, transoral; with biopsy, single or multiple.

43194 – Esophagoscopy, Rigid, transoral; with removal of foreign body.

43195 – Esophagoscopy, Rigid, transoral; with balloon dilation (less than 30 mm diameter).

43196 – Esophagoscopy, Rigid, transoral; with insertion of guide wire followed by dilation over guide wire.

43197 – Esophagoscopy, flexible, transnasal; diagnostic, includes collection of specimen(s) by brushing or washing when performed (separate procedure).

43198 – Esophagoscopy, flexible, transnasal; with biopsy, single or multiple.

43211 – Esophagoscopy, flexible, transoral; with endoscopic mucosal resection.

43212 – Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed).

43213 – Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed).

43214 – Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed).

43229 – Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (including pre- and post-dilation and guide wire passage, when performed).

43233 – Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus (30 mm diameter or larger) (includes fluoroscopic guidance, when performed).

43253 – Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis).

43254 – Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection.

43266 – Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed).

43270 – Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s) or other lesion(s) (including pre- and post-dilation guide wire passage, when performed).

43274 – Endoscopic Retrograde Cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation guide wire passage, when performed, including sphinterotomy, when performed, each stent.

43275 – Endoscopic Retrograde Cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s).

43276 – Endoscopic Retrograde Cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct including pre- and post-dilation guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged.

43277 – Endoscopic Retrograde Cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct.

43278 – Endoscopic Retrograde Cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation guide wire passage, when performed.

The entire catheter drainage sections are revised with the creation of new codes that include imaging guidance. These three codes are divided up by location and approach and include conscious sedation. Since the new codes state “image-guided” this does include ultrasound or CT and the placement of the catheter. All of the percutaneous catheter drainage codes throughout the CPT book are deleted, including 44901, 47011, 48511, 49021, 49041, 49061, 50021, and 58823.

49405 – Image-guided fluid collection drainage by catheter (e.g., abscess, hematoma, seroma, lymphocele, cyst); visceral (e.g., kidney, liver, spleen, lung/mediastinum), percutaneous.

49406 – Image-guided fluid collection drainage by catheter (e.g., abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous.

49407 – Image-guided fluid collection drainage by catheter (e.g., abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal.

Urinary System

52356 – Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of ureteral stent (eg, Gibbons or Double-J type).

Nervous System

The changes in this section, while they might apply to anesthesia under certain circumstances, will really pertain to pain management.

64616 – Chemodenervation of muscle(s); neck muscle(s) excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis).

64617 – Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), including guidance by needle electromyography, when performed.

64642 – Chemodenervation of one extremity; 1-4 muscle(s).

64643 – Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (list separately in addition to code for primary procedure).

64644 – Chemodenervation of one extremity; 5 or more muscles.

64645 – Chemodenervation of one extremity; each additional extremity, 5 or more muscles (list separately in addition to code for primary procedure).

64646 – Chemodenervation of trunk muscle(s); 1-5 muscle(s).

64647 – Chemodenervation of trunk muscles; 6 or more muscles.

Eye and Ocular Adnexa

66183 – Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach.