



2024 CPT4/HCPCS Code Updates and Impact on UBO Billing

UBO Support Team
January 2024

Agenda

- Changes to Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) Codes
- Effective Dates and Symbols for 2024 CPT® Code Changes
- Proposed Action for Code Changes
- Summary of 2024 CPT® Code Changes
- Evaluation and Management
- Surgery
- Radiology
- Pathology/Laboratory
- Medicine
- Category III
- Proprietary Lab Analysis (PLA)



Code Effective Dates

- American Medical Association (AMA) updates CPT® codes annually, effective *1 January*
- Centers for Medicare & Medicaid Services (CMS) updates HCPCS codes on a quarterly basis
- Military Health System (MHS) Coding Guidelines were recently updated in January 2024
- DHA Uniform Business Office (UBO) Outpatient rates for 2024 CPT®/HCPCS codes are generally effective *1 July*
 - The DHA UBO Program Office has completed the implementation of code updates with an effective date of *1 January 2024* to MHS GENESIS and all legacy systems
 - **Reminder;** DHA UBO rates cannot be applied retroactively



Symbols for 2024 CPT® Code Changes

- **Bullet symbol** - located to the left of CPT® codes that identifies new procedures and services
- ▲ **Triangle symbol** - located to the left of CPT codes that identifies revised/modified code descriptions
- + **Plus symbol** - located to the left of CPT codes that identifies add-on codes (also located in Appendix D of CPT®) for procedures that are commonly, but not always, performed at the same time and by the same surgeon as the primary procedure
- ★ **Star symbol** - Indicates a telemedicine code
- ⚡ **Flash symbol** - located to the left of CPT codes that identifies vaccines pending FDA approval but that have been assigned a CPT code

Codes with a ~~strike through~~ are **deleted codes**

Words with a ~~strike through~~ are called **“changed codes”** and can alter the use of the code

Added wording in a **revised/modified** code is underlined and can also alter the use of the code

- ⊘ **Cancel Sign**- indicates a code that is exempt from the use of modifier 51 but is not designated as a CPT add-on procedure or service



Symbols for 2024 CPT® Code Changes con't

- ▶◀ **Green text within green arrows** - indicates revised guidelines, cross-references, and/or explanatory text
- # **Pound sign** - indicates a resequenced code
- ⌘ **Duplicate PLA Test symbol** - indicates a duplicate PLA test
- ↑↓ **Category I PLA symbol** - indicates a Category I PLA



Proposed Actions for Code Changes

Coding Department Supervisors:

- Order 2024 codebooks
- Archive previous year manuals

Coders:

- Review 2024 CPT® code changes
 - Review all changes to guidelines, rules and policies
 - Highlight and review all changes in the index and tabular sections that pertain to specialty
 - Review updates in coding tools (e.g., CCE, EncoderPro, CPT® Assistant, Find-A-Code)
 - Seek access to tools from specialty groups (e.g., American College of Obstetrics and Gynecology (ACOG))
- Attend local, regional and national conferences to stay abreast of changes
- Review American Hospital Association (AHA) Coding Clinic® determinations of updated ICD-10-CM/HCPCS code use
- Follow the MHS Professional Services and Specialty Medical Coding Guidelines for MHS specifics and any exceptions to industry rules (e.g., CMS)
- All current MHS Guidance can be found on the Coding Workgroup MilSuite page
 - <https://www.milsuite.mil/book/community/spaces/dha-pad/coding-work-group>



Proposed Actions for Code Changes con't

Clinical Documentation Improvement (CDI) Specialists:

- Create a documentation 'cheat sheet' of 2024 updates that impact provider documentation and distribute to providers, coders, and billing personnel
- Provide formal training on new, modified and deleted codes and the MHS policies impacted
- Review internal audit processes to ensure that 2024 updates are evaluated for accuracy as well as the Coding Compliance Plan, e.g., Review and update internal audit processes and plans to ensure that all documents are consistent with 2024 updates

Billing Personnel:

- Review new payer policy changes that pertain to the 2024 updates, determine if payer rules apply
- Ensure payer requirements are understood by all billers
- Review updates and changes in online billing software tools
- Review claims prior to submission and query coders on any inconsistent utilization of codes



Overview of the New, Revised, and Deleted 2024 CPT®/HCPCS Codes



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Summary of 2024 CPT® Changes*

Section	Added	Deleted	Revised
Evaluation and Management (E/M)	1	0	10
Surgery	23	0	10
Radiology	5	1	0
Pathology/Lab	14	0	16
Medicine	21	0	4
Category III	63	32	13
Proprietary Laboratory Analysis (PLA)	19	15	2
Totals:	146	34	55

*Totals do include any codes revised, deleted, or changed in CY23 but which are appearing for first time in CY2024 CPT book



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Updates to Evaluation & Management (E/M)

- E/M guideline changes impact the following code ranges:
 - 99202 to 99215
 - 99306, 99308
 - Above codes require a certain amount of exam time must be met or exceeded for each code. (**i.e., 99202- 15 mins or more time exceeded**)
- New E/M Code: **99459 Pelvic exam (list separately in addition to code for primary procedure)**
 - Code designed to capture practice expenses for facility billing
 - Utilized during preventive medicine or E/M visit
 - Professional billing is not associated with this code



Code Updates: Musculoskeletal System

(CPT® Codes 20000- 29999)

Revised Codes

CPT® Code	2024 Long Description	2023 Long Description
29292	Correction, hallux valgus with bunionectomy with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	Correction, hallux valgus, bunionectomy with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method
28296	Correction, hallux valgus with bunionectomy, with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	Correction, hallux valgus, bunionectomy, with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method
28295	Correction, hallux valgus with bunionectomy , with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	Correction, hallux valgus , bunionectomy, with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method



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Code Updates: Musculoskeletal System

(CPT® Codes 20000- 29999)

Revised Codes con't

CPT® Code	2024 Long Description	2023 Long Description
28297	Correction, hallux valgus with bunionectomy, with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	Correction, hallux valgus bunionectomy, with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method
28298	Correction, hallux valgus with bunionectomy, with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	Correction, hallux valgus bunionectomy, with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method
28299	Correction, hallux valgus with bunionectomy with sesamoidectomy, when performed; with double osteotomy, any method	Correction, hallux valgus ,bunionectomy with sesamoidectomy, when performed; with double osteotomy, any method



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Code Updates: Musculoskeletal System

(CPT® Codes 20000- 29999)

New Codes

CPT® Code	Long Description
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 8 vertebral segments
22838	Revision (e.g. augmentation, division of tether), replacement or removal of thoracic vertebral body tethering, including thoracoscopy, when performed
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant (s) (e.g. bone allograft(s)), without placement of transfixation devices



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Code Updates: Respiratory System

(CPT® Codes 30000- 32999)

New Codes

CPT® Code	Long Description
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve



Code Updates: Cardiovascular System

(CPT® Codes 33000- 39999)

New Codes

CPT® Code	Long Description
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead(s), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately) in addition to code for primary procedure)
33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only



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Code Updates: Cardiovascular System con't

(CPT® Codes 33000- 39999)

New Codes con't

CPT® Code	Long Description
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)



Code Updates: Urinary and Male Genital System

(CPT® Codes 50000 - 55999)

New Codes

CPT® Code	Long Description
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed



Code Updates: Surgery & Female Genital System

(CPT® Codes 56405 - 58999)

New Codes

CPT® Code	Long Description
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency



Code Updates: Nervous System

(CPT® Codes 61000 - 64999)

Revised Codes

CPT® Code	2024 Long Description	2023 Long Description
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring direct-pocket creation and connection between electrode array and pulse generator or receiver inductive-coupling	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	Revision or removal of implanted spinal neurostimulator pulse generator or receiver



Code Updates: Nervous System

(CPT® Codes 61000 - 64999)

Revised Codes con't

CPT® Code	2024 Long Description	2023 Long Description
64590	Insertion or replacement of peripheral, sacral , or gastric neurostimulator pulse generator or receiver, requiring direct pocket creation and connection between electrode array and pulse generator or receiver inductive coupling	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64595	Revision or removal of peripheral, sacral , or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver



Code Updates: Nervous System

(CPT® Codes 61000 - 64999)

New Codes

CPT® Code	Long Description
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array
65497	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array, (List separately in addition to code for primary procedure)



Code Updates: Nervous System

(CPT® Codes 61000 - 64999)

New Codes con't

CPT® Code	Long Description
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator



Code Updates: Eye and Ocular Adnexa (CPT® Codes 65000 - 68999)

New Codes

CPT® Code	Long Description
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)



Code Updates: Radiology

(CPT® Codes 70000 - 79999)

New Codes

CPT® Code	Long Description
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional
76984	Ultrasound, intraoperative thoracic aorta (e.g., epiaortic), diagnostic
76987	Intraoperative epicardial cardiac ultrasound (i.e., echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report
76988	Intraoperative epicardial cardiac ultrasound (i.e., echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only
76989	Intraoperative epicardial cardiac ultrasound (i.e., echocardiography) for congenital heart disease, diagnostic; interpretation and report only



Code Updates: Radiology

(CPT® Codes 70000 - 79999)

Deleted Code

CPT® Code	Long Description
74710	Pelvimetry, with or without placental localization



Code Updates: Pathology/Lab

(CPT® Codes 80000 - 89999)

Revised Codes

CPT® Code	2024 Long Description	2023 Long Description
81445	Solid organ neoplasm, genomic sequence analysis panel , 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	Targeted genomic sequence analysis panel, solid organ neoplasm , 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis
81449	Solid organ neoplasm, genomic sequence analysis panel , 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	Targeted genomic sequence analysis panel, solid organ neoplasm , 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis



Code Updates: Pathology/Lab

(CPT® Codes 80000 - 89999)

Revised Codes con't

CPT® Code	2024 Long Description	2023 Long Description
81450	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel , 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder , 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis
81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel , 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder , 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis



Code Updates: Pathology/Lab

(CPT® Codes 80000 - 89999)

Revised Codes con't

CPT® Code	2024 Long Description	2023 Long Description
81455	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (e.g., ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis
81456	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis



Code Updates: Pathology/Lab

(CPT® Codes 80000 - 89999)

Revised Codes con't

CPT® Code	2024 Long Description	2023 Long Description
81171	AFF2 (ALF transcription elongation factor 2 [FMR2]) (e.g., fragile X intellectual disability 2 [FRAXE]) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (e.g., fragile X mental retardation-2 [FRAXE]) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles
81172	AFF2 (ALF transcription elongation factor 2 [FMR2]) (e.g., fragile X intellectual disability 2 [FRAXE]) gene analysis; characterization of alleles (e.g., expanded size and methylation status)	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (e.g., fragile X mental retardation-2 [FRAXE]) gene analysis; characterization of alleles (e.g., expanded size and methylation status)
81243	FMR1 (fragile X messenger ribonucleoprotein 1) (e.g., fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles	FMR1 (fragile X mental retardation-1) (e.g., fragile X mental retardation) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles



Code Updates: Pathology/Lab

(CPT® Codes 80000 - 89999)

Revised Codes con't

CPT® Code	2024 Long Description	2023 Long Description
81171	AFF2 (ALF transcription elongation factor 2 [FMR2]) (e.g., fragile X intellectual disability 2 [FRAXE]) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (e.g., fragile X mental retardation-2 [FRAXE]) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles
81172	AFF2 (ALF transcription elongation factor 2 [FMR2]) (e.g., fragile X intellectual disability 2 [FRAXE]) gene analysis; characterization of alleles (e.g., expanded size and methylation status)	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (e.g., fragile X mental retardation-2 [FRAXE]) gene analysis; characterization of alleles (e.g., expanded size and methylation status)
81243	FMR1 (fragile X messenger ribonucleoprotein 1) (e.g., fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles	FMR1 (fragile X mental retardation-1) (e.g., fragile X mental retardation) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles



Code Updates: Pathology/Lab (CPT® Codes 80000 - 89999)

Revised Codes con't

CPT® Code	2024 Long Description	2023 Long Description
81244	FMR1 (fragile X messenger ribonucleoprotein 1) (e.g., fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (e.g., expanded size and promoter methylation status)	FMR1 (fragile X mental-retardation-1) (e.g., fragile X mental-retardation) gene analysis; characterization of alleles (e.g., expanded size and promoter methylation status)

Additional Pathology/Lab Code Revisions:

- CPT Codes 81403-81407 have been revised to replace “mental retardation” terminology with “intellectual disability”
- CPT codes 81405 and 81406 have revised “methyltransferase homolog 1 [E. coli]” to “2’-O-methyltransferase 1”



Code Updates: Pathology/Lab

(CPT® Codes 80000 - 89999)

New Codes

CPT® Code	Long Description
81456	RNA Analysis
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants, DNA analysis, microsatellite instability
81458	DNA analysis, copy number variants and microsatellite instability
81459	DNA analysis or combined DNA and RRNA analysis, copy number variants, microsatellite instability, tumor mutation burden and rearrangements
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg. plasma), interrogation for sequence variants, DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements
81463	DNA analysis, copy number variants, and microsatellite instability
81464	DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden and rearrangements



Code Updates: Pathology/Lab

(CPT® Codes 80000 - 89999)

New Codes con't

CPT® Code	Long Description
82166	Anti-mullerian hormone (AMH)
86041	Acetylcholine receptor (AChR); binding antibody
86042	Acetylcholine receptor (AChR); blocking antibody
86043	Acetylcholine receptor (AChR); modulating antibody
86366	Muscle-specific kinase (MuSK) antibody
87523	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis D (delta), quantification, including reverse transcription, when performed
81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years



Code Updates: Medicine Section

(CPT® Codes 90000 - 99999)

Revised Codes

CPT® Code	2024 Long Description	2023 Long Description
96446	Chemotherapy administration into the peritoneal cavity via implanted port or catheter	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter
96920	Excimer laser treatment for psoriasis; total area less than 250 sq cm	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
96921	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
96922	Excimer laser treatment for psoriasis; over 500 sq cm	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm



Code Updates: Medicine Section

(CPT® Codes 90000 - 99999)

New Codes

CPT® Code	Long Description
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use
90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use
92622	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes
92623	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure)



Code Updates: Medicine Section

(CPT® Codes 90000 - 99999)

New Codes con't

CPT® Code	Long Description
93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming
93151	- Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system
93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography
93153	Interrogation without programming of implanted phrenic nerve stimulator system
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)
93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)



Code Updates: Medicine Section

(CPT® Codes 90000 - 99999)

New Codes con't

CPT® Code	Long Description
93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure)
93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)
93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (e.g., from innominate vein) (List separately in addition to code for primary procedure)
93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (e.g., from the inferior vena cava) (List separately in addition to code for primary procedure)



Code Updates: Medicine Section

(CPT® Codes 90000 - 99999)

New Codes con't

CPT® Code	Long Description
96547	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)
96548	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure)
97037	Application of a modality to 1 or more areas; low-level laser therapy (i.e., nonthermal and non-ablative) for post-operative pain reduction
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (e.g., activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes



Code Updates: Medicine Section

(CPT® Codes 90000 - 99999)

New Codes can't

CPT® Code	Long Description
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (e.g., activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes (List separately in addition to code for primary service)
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (e.g., activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers



Category III Codes: New & Emerging Technology

Deleted Codes

CPT® Code	Description	Suggested Replacement
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	75580
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics, data preparation and transmission	75580
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease, generation of estimated FFR model	75580



Category III Codes: New & Emerging Technology

Deleted Codes con't

CPT® Code	Short Description	Suggested Replacement
0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia	76999
0533T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report	95999
0534T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor	95999



Category III Codes: New & Emerging Technology

Deleted Codes con't

CPT® Code	Description	Suggested Replacement
0535T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration	95999
0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and repor	95999
0641T	Noncontact near-infrared spectroscopy studies of flap or wound (e.g., for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition only, each flap or wound	0859T,0860T
0642T	Noncontact near-infrared spectroscopy studies of flap or wound (e.g., for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound	0859T, 0860T



Category III Codes: New & Emerging Technology

Revised Codes

CPT® Code	2024 Long Description	2023 Long Description
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	Transcutaneous magnetic stimulation by focused low frequency electromagnetic pulse, peripheral nerve, initial treatment , with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve
0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)	Transcutaneous magnetic stimulation by focused low frequency electromagnetic pulse, peripheral nerve, initial treatment , with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)



Category III Codes: New & Emerging Technology

Revised Codes con't

CPT® Code	2024 Long Description	2023 Long Description
0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system for bladder dysfunction (e.g., electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3	Electronic analysis with simple programming of implanted integrated neurostimulation system (e.g., electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters



Category III Codes: New & Emerging Technology

Revised Codes con't

CPT® Code	2024 Long Description	2023 Long Description
0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system for bladder dysfunction (e.g., electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters	Electronic analysis with complex programming of implanted integrated neurostimulation system (e.g., electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters



Category III Codes: New & Emerging Technology

New Codes

CPT® Code	Long Description
0811T	Remote multi-day complex uroflowmetry (e.g., calibrated electronic equipment); set-up and patient education on use of equipment
0812T	Remote multi-day complex uroflowmetry (e.g., calibrated electronic equipment); device supply with automated report generation, up to 10 days
0815T	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine
0827T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure)
0829T	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (e.g., Saccomanno technique) (List separately in addition to code for primary procedure)



Category III Codes: New & Emerging Technology

New Codes con't

CPT® Code	Long Description
0830T	Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (e.g., liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure)
0831T	Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure)
0832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure)
0833T	Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure)
0834T	Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure)



Category III Codes: New & Emerging Technology

New Codes con't

CPT® Code	Long Description
0835T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for primary procedure)
0836T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)
0837T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (List separately in addition to code for primary procedure)
0838T	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure)
0839T	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (List separately in addition to code for primary procedure)



Category III Codes: New & Emerging Technology

New Codes con't

CPT® Code	Long Description
0840T	Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (List separately in addition to code for primary procedure)
0841T	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (List separately in addition to code for primary procedure)
0842T	Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)
0843T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (e.g., touch preparation, squash preparation), initial site (List separately in addition to code for primary procedure)
0844T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (e.g., touch preparation, squash preparation), each additional site (List separately in addition to code for primary procedure)



Category III Codes: New & Emerging Technology

New Codes con't

CPT® Code	Long Description
0845T	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure)
0846T	Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
0847T	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (e.g., KRAS mutational analysis) (List separately in addition to code for primary procedure)
0848T	Digitization of glass microscope slides for in situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)
0849T	Digitization of glass microscope slides for in situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)



Category III Codes: New & Emerging Technology

New Codes con't

CPT® Code	Long Description
0850T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)
0851T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)
0852T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)
0853T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)
0854T	Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure)



Category III Codes: New & Emerging Technology

New Codes con't

CPT® Code	Long Description
0855T	Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure)
0856T	Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure)
0857T	Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (List separately in addition to code for primary procedure)
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report
0859T	Noncontact near-infrared spectroscopy (e.g., for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure)



Category III Codes: New & Emerging Technology

New Codes con't

CPT® Code	Long Description
0860T	Noncontact near-infrared spectroscopy (e.g., for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities
0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session
0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)



Code Updates: Proprietary Lab Analysis (PLA)

Deleted Codes

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CPT® Code	Long Description
0053U	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade
0066U	Placental alpha-micro globulin-1 (PAMG-1), immunoassay with direct optical observation, cervico-vaginal fluid, each specimen
0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0144U	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service



Code Updates: Proprietary Lab Analysis (PLA)

Deleted Codes con't

†

CPT® Code	Long Description
0145U	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0146U	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0147U	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0148U	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service



Code Updates: Proprietary Lab Analysis (PLA)

Deleted Codes con't

†

CPT® Code	Long Description
0149U	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0150U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0324U	Oncology (ovarian), spheroid cell culture, 4-drug panel (carboplatin, doxorubicin, gemcitabine, paclitaxel), tumor chemotherapy response prediction for each drug
0325U	Oncology (ovarian), spheroid cell culture, poly (ADP-ribose) polymerase (PARP) inhibitors (niraparib, olaparib, rucaparib, velparib), tumor response prediction for each drug



Code Updates: Proprietary Lab Analysis (PLA)

Deleted Codes con't

CPT® Code	Long Description
0357U	Oncology (melanoma), artificial intelligence (AI)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents
0386U	Gastroenterology (Barrett's esophagus), P16, RUNX3, HPP1, and FBN1 methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer
0397U	Oncology (non-small cell lung cancer), cell-free DNA from plasma, targeted sequence analysis of at least 109 genes, including sequence variants, substitutions, insertions, deletions, select rearrangements, and copy number variations



Code Updates: Proprietary Lab Analysis (PLA)

Revised Codes

CPT® Code	2024 Long Description	2023 Long Description
0351U	Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis inducing ligand (TRAIL), interferon gamma induced protein-10 (IP-10), and C-reactive protein, serum, or venous whole blood , algorithm reported as likelihood of bacterial infection	Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-reactive protein, serum, algorithm reported as likelihood of bacterial infection
0356U	Oncology (oropharyngeal or anal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence



Code Updates: Proprietary Lab Analysis (PLA)

New Codes

CPT® Code	Long Description
0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms
0421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 RNA markers (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anticancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis
0423U	Psychiatry (e.g., depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition



Code Updates: Proprietary Lab Analysis (PLA)

New Codes con't

CPT® Code	Long Description
0424U	Oncology (prostate), exosomebased analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RTqPCR), urine
0425U	Genome (e.g., unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (e.g., parents, siblings)
0426U	Genome (e.g., unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis
0427U	Monocyte distribution width, whole blood (List separately in addition to code for primary procedure)
0428U	Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutation burden



Code Updates: Proprietary Lab Analysis (PLA)

New Codes con't

CPT® Code	Long Description
0429U	Human papillomavirus (HPV), oropharyngeal swab, 14 high-risk types (i.e., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68)
0430U	Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase and reducing substances, feces, quantitative
0431U	Glycine receptor alpha1 IgG, serum or cerebrospinal fluid (CSF), live cell binding assay (LCBA), qualitative
0432U	Kelch-like protein 11 (KLHL11) antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualitative
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer



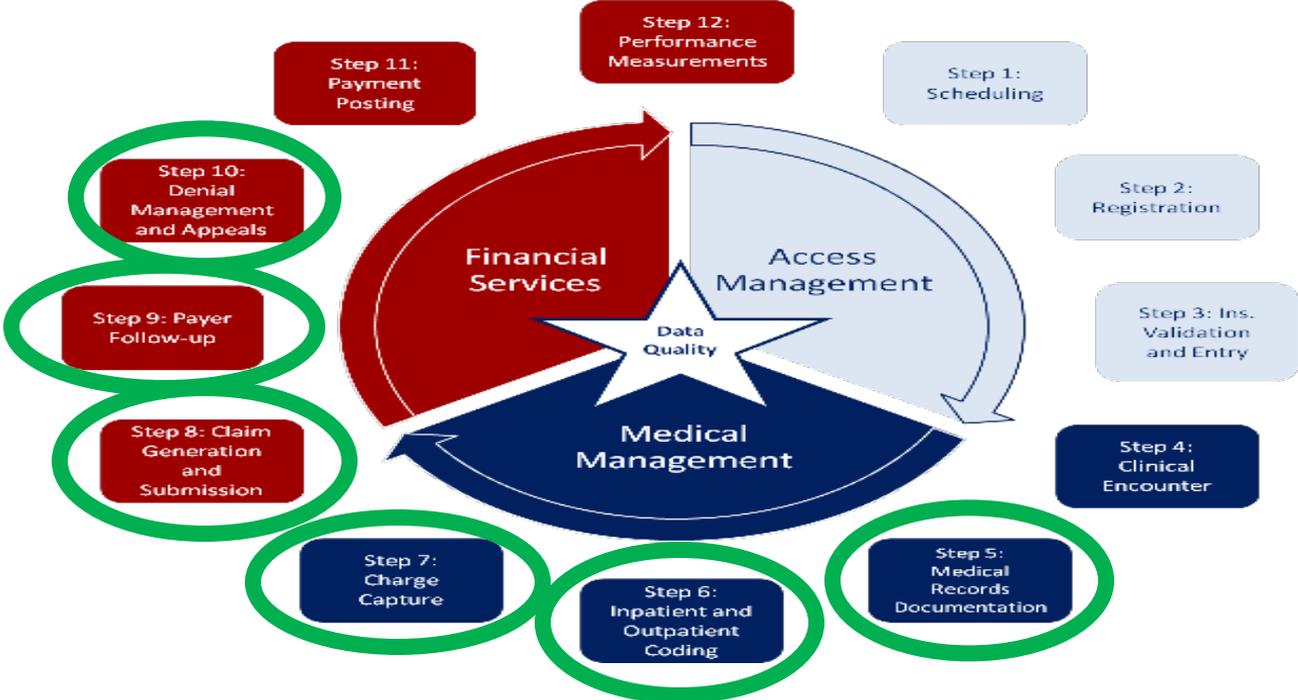
Code Updates: Proprietary Lab Analysis (PLA)

New Codes con't

CPT® Code	Long Description
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes
0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations
0436U	Oncology (lung), plasma analysis of 388 proteins, using aptamerbased proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene drug interactions



Impact of CPT®/HCPCS Codes on the MHS Revenue Cycle



Improving Health and Building Readiness. Anytime, Anywhere — Always



Action Steps

Adjusting to the new code set is achieved through the following:

- Share CPT®/HCPCs changes and updates with all relevant personnel
- Providers document patient encounter(s); pass the billable encounters on to coders -> billers -> third-party insurance companies -> pay patients -> other government agencies or other parties tortuously liable for the cost of the medical care
- Ensure that the MTF UBOs produce true and accurate bills
- Promote collaboration: each area of the Revenue Cycle works together to collect the information that pertains to the patient encounter
- Crucial skill: effective communication
- Enforce Compliance and Accuracy: Rules and guidelines must be followed
- Insurance companies often deny claims when they contain old/outdated/deleted codes
- Understanding and knowledge of the coding, billing and payer guidelines help claims get paid compliantly, accurately and timely



Questions



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