Defense Health Agency
Uniform Business Office

2022 CPT®/HCPCS Updates and Impact on Billing

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Agenda

- Changes to Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) Codes
- Effective Dates and Symbols for 2022 CPT® Code Changes
- Proposed Action for Code Changes
- Overview of the new, revised, and deleted 2022 CPT®/HCPCS Codes
- Impact of New, Revised, and Deleted CPT®/HCPCS Codes on the MHS Revenue Cycle
- Billing Guidelines
- Billing Best Practices for New, Revised, and Deleted CPT®/HCPCS
- Billing for New and Revised CPT®HCPCS Codes – Prior Authorization
- Denials from New, Revised and Deleted CPT®/HCPCS Codes Tips for Tracking Denials
- Billing Frequently Asked Questions for New, Revised, and Deleted CPT®/HCPCS
- Summary
- Background
- Resources

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 December 2021
- DHA Uniform Business Office (UBO) Outpatient rates for 2022 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 2022 to MHS GENESIS and all legacy systems except AHLTA, which is scheduled for completion by first week of Feb 2022
  - DHA UBO rates cannot be applied retroactively

Symbols for 2022 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

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 Action for Code Changes Coding and Billing Personnel

Coding Department Supervisors:

- Order 2022 codebooks
- Archive previous year manuals

Coders:

- Review 2022 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 Action for Code Changes, Cont.

Clinical Documentation Improvement (CDI) Specialists:

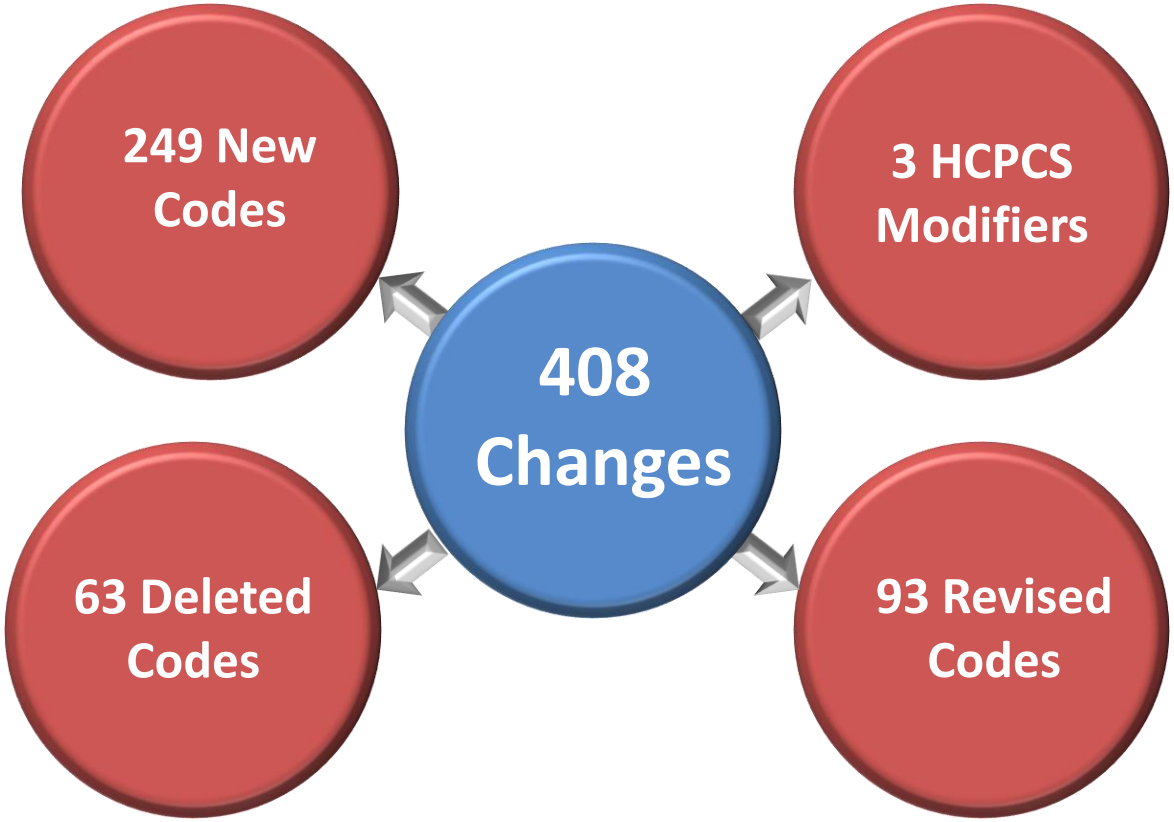
- Create a documentation 'cheat sheet' of 2022 updates that impact provider documentation and distribute to providers, coders, and billing personnel
- Provide formal training on new, modified and deleted codes and the MHS policies impacted
- Review internal audit processes to ensure that 2022 updates 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 2022 updates

Billing Personnel:

- Review new payer policy changes that pertain to the 2022 updates
  - Determine if payer rules apply
  - Ensure payer requirements are understood by all billers
- Formulate and improve processes for coordinating with Health Information Management (HIM) department to track provider and coder queries
- 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 2022 CPT®/HCPCS Codes

There are over 408 code changes. Changes to CPT®/ HCPCS are effective January 1st, 2022



2022 CPT CHANGES

- Overview
- 405 Total Changes:
  - 249 new Codes
  - 63 deleted codes
  - 93 revised codes
- 26% of changes related to new technology (Category III codes)
- Continued expansion of the Proprietary Lab Analyses (PLA)section

Overview of Changes by Category

CPT Section	*Additions*	*Deletions*	*Revisions*
Evaluation & Management	5	0	11
Anesthesia	6	2	0
Surgery	30	9	25
Radiology	4	3	1
Pathology & Laboratory	32	3	42
PLA	21	1	1
Medicine	35	11	17
Category II	0	0	0
Category III	72	26	7

Vaccines/Administration

Vaccine Code	Vaccine Code Descriptor	Vaccine Administration Code(s)	Vaccine Manufacturer	Vaccine Name(s)	NDC 10/NDC 11 Labeler Product ID (Vial)	*Dosing Interval
91300	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted, for intramuscular use	0001A (1st Dose) 0002A (2nd Dose) 0003A (3rd Dose) 0004A (Booster)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine / Comirnaty	59267-1000-1 59267-1000-01	1st Dose to 2nd Dose: 21 Days 2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days Booster: Refer to FDA/CDC Guidance
91305	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3	0051A (1st Dose) 0052A (2nd Dose) 0053A (3rd Dose)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1025-1 59267-1025-01	1st Dose to 2nd Dose: 21 Days 2nd Dose to 3rd Dose

Vaccine Code	Vaccine Code Descriptor	Vaccine Administration Code(s)	Vaccine Manufacturer	Vaccine Name(s)	NDC 10/NDC 11 Labeler Product ID (Vial)	Dosing Interval
	mL dosage, tris-sucrose formulation, for intramuscular use	0054A (Booster)				(CDC recommended population[s] [eg, immunocompromised]): 28 or More Days Booster: Refer to FDA/CDC Guidance
91307	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	0071A (1st Dose) 0072A (2nd Dose)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1055-1 59267-1055-01	1st Dose to 2nd Dose: 21 Days
91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage, for intramuscular use	0011A (1st Dose) 0012A (2nd Dose) 0013A (3rd Dose)	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 80777-0273-10	1st Dose to 2nd Dose: 28 Days 2nd Dose to 3rd Dose (CDC recommended population[s] [eg, immunocompromised]): 28 or More Days
91306	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use	0064A (Booster)	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 80777-0273-10	Refer to FDA/CDC Guidance

* Note: Revisions to existing codes are specific to dosing intervals.

Vaccines/Administration

Vaccine Code	Vaccine Code Descriptor	Vaccine Administration Code(s)	Vaccine Manufacturer	Vaccine Name(s)	NDC 10/NDC 11 Labeler Product ID (Vial)	* Dosing Interval
91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use	0021A (1st Dose) 0022A (2nd Dose)	AstraZeneca, Plc	AstraZeneca COVID-19 Vaccine	0310-1222-10 00310-1222-10	28 Days
91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use	0031A (Single Dose) 0034A (Booster)	Janssen	Janssen COVID-19 Vaccine	59676-580-05 59676-0580-05	Booster: Refer to FDA/CDC Guidance
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	0041A (1st Dose) 0042A (2nd Dose)	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	21 Days

* Note: Revisions to existing codes are specific to dosing intervals.

5 New Codes

CPT/HCPCS Code	2022 Long Description
99424	Principal care management services, for a single high-risk disease, with the following required elements: one chronic condition expected to last at least 3 months
99425	Each additional 30 minutes provided personally by a physician or other qualified healthcare professional, per calendar month
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months
99427	Each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month
99437	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, each additional 30 minutes….

Summary:

New Codes: New guidelines are added for care management services, including chronic care management (CCM), complex chronic care management (CCCM), and a new subsection for principal care management (PCM).
CCM and CCCM require the care of two or more conditions, time-based and reported per calendar month

11 Revised Codes

CPT/HCPCS Code	2022 Long Description
99211	Office or other outpatient visit for the evaluation and management of an established patient , that may not require the presence of a physician or other qualified health care professional . ~~***Usually, the presenting problem(s) are minimal***~~.
99366+	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional **(Guideline change)** (***Use 99437 in conjunction with 99491)*** ***(Do not report 99437 for less than 30 minutes***)
99439	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least ***12 months 20 min*** ***Is an add on code to 99490 Chronic Care management 40-59 minutes***
99483	Assessment of and care planning for outpatient with cognitive impairment, typical time 50 minutes **A single physician or other qualified health care professional should not report 99483 more than once every 180 days.**
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional**, per calendar month**, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team **(Guideline Change)**
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant **per calendar month (Guideline Change)**
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant in **per calendar month (Guideline Change)**

Revised Codes

CPT/HCPCS Code	2022 Long Description	2021 Long Description
99487	Complex chronic care management services , with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, **comprehensive care plan established, implemented, revised, or monitored** , moderate or high complexity medical decision making; **first** 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Complex chronic care management services , with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, ~~comprehensive~~ establishment care or plan ~~substantial~~ established, ~~revision~~ implemented, ~~of~~ revised, a or ~~comprehensive~~ monitored ~~care plan~~ , moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.
99489	Complex chronic care management services , with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, **comprehensive** care plan **established, implemented, revised, or** comprehensive **monitored** care plan , moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Complex chronic care management services , with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, ~~establishment or~~ plan ~~substantial~~ established, ~~revision~~ implemented, ~~of~~ revised, a or ~~comprehensive monitored~~ , moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

Revised Codes

CPT/HCPCS Code	2022 Long Description	2021 Long Description
99490	Chronic care management services , at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient , ; chronic conditions **that** place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline , ; comprehensive care plan established, implemented, revised, or monitored **; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month**	Chronic care management services, ~~**at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month,**~~ with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.
99491	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; **first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.**	Chronic care management services, ~~**provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month**~~, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.

6 New Codes

CPT/HCPCS Code	2022 Long Description
01937	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic
01938	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral
01939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic
01940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral
01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic
09142	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral

Summary:
New codes: 01937-01942- identify the type of surgical procedure for which anesthesia is being performed and whether the procedure is performed on the cervical or thoracic spine or the lumbar or sacral spine.

2 Deleted Codes

CPT/HCPCS Code	Long Description	Suggested Replacement Codes
01935	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic	01937 or 01938
01936	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic	01937 through 01942

Summary:

Deleted Codes: 01935 and 01936 are deleted and replaced with (01937 and 01938) to provide more granularity.

1 Revised Code

CPT/HCPCS Code	2022 Long Description	2021 Long Description
11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	Insertion, drug ~~non-~~ delivery ~~biodegradable~~ implant ~~drug~~ (ie, ~~delivery~~ bioresorbable, biodegradable, non-biodegradable) ~~implant~~

Summary:

Revision Code:11981 Insertion of drug delivery implant code is revised to clarify that the procedure includes insertion of bioresorbable, biodegradable, or non-biodegradable implants — not just non-biodegradable implants, as stated prior to the revision of the code descriptor.

8 Revised Codes

CPT/HCPCS Code	2022 Long Description	2021 Long Description
21315	Closed treatment of nasal bone fracture **with manipulation**; without stabilization	Closed treatment of nasal bone fracture; without stabilization
21320	Closed treatment of nasal bone fracture **with manipulation**; with stabilization	Closed treatment of nasal bone fracture; with stabilization
22600	Arthrodesis, posterior or posterolateral technique, single **interspace**; cervical below C2 segment	Arthrodesis, posterior or posterolateral technique, single level ; cervical below C2 segment
22610	Arthrodesis, posterior or posterolateral technique, single **interspace**; thoracic (with lateral transverse technique, when performed)	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)
22612	Arthrodesis, posterior or posterolateral technique, single **interspace**; lumbar (with lateral transverse technique, when performed)	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
22614	Arthrodesis, posterior or posterolateral technique, single **interspace**; each additional interspace (List separately in addition to code for primary procedure)	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; lumbar	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace ~~***and segment***~~; lumbar
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace and segment (List separately in addition to code for primary procedure)	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace ~~***and segment***~~; each additional interspace ~~***and segment***~~ (List separately in addition to code for primary procedure)

1 Deleted Code

CPT/HCPCS Code	Long Description
21310	Closed treatment of nasal bone fracture without manipulation

Summary:
Revised Codes: Closed treatment of nasal bone fracture codes 21315 and 21320 are revised to include “with manipulation.” Codes 22600-22614 are revised to change “level” to “interspace.” Codes 22633 and 22634 are revised to remove “and segment.”

Deleted: Code for closed treatment of nasal bone fracture without manipulation (21310)

8 New Codes

CPT/HCPCS Code	2022 Long Description
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)
33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)
33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic
33894	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches
33895	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; not crossing major side branches
33897	Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta

Summary:
New Codes:
33267,33268, 33267- Tree New Codes Added to capture Left Atrial Appendage
33894, 33895- Report Repair of Coarctation of the Aorta
33370 - Use with codes 33361-33366 (Transcatheter TAVR/TAVI procedures)
33509 - Code added to reflect endoscopic procedure – See 35600 for open procedure ▪ Use modifier -50 for bilateral procedure

2 Revised Codes

CPT/HCPCS Code	2022 Long Description	2021 Long Description
33471	Valvotomy, pulmonary valve, closed heart, via pulmonary artery	Valvotomy, pulmonary valve~~;~~ closed heart, via pulmonary artery
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, **open**	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, open ~~*(List separately in addition to code for primary procedure)*~~

2 Deleted Codes

CPT/HCPCS Code	Long Description	Suggested Replacement Codes
33470	Valvotomy, pulmonary valve, closed heart; transventricular	No replacement; procedure deleted due to low utilization
33722	Closure of aortico-left ventricular tunnel	No replacement; procedure deleted due to low utilization

Summary:
Revised Codes:
33471 Valvotomy, pulmonary valve closed heart via pulmonary artery, 35600 Harvest of upper extremity artery

Deleted Codes:
33470- Valvotomy Pulmonary valve, closed heart
33722- Closure of aortico- left ventricular tunnel

2 New Codes

CPT/HCPCS Code	2022 Long Description
42975	Drug Induced sleep endoscopy with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic
43497	Lower esophageal myotomy, transoral (ie, Peroral endoscopic myotomy [POME]

2 Deleted Codes

CPT/HCPCS Code	Long Description	Suggested Replacement Codes
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	No replacement – Code deleted due to low utilization
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	No replacement – Code deleted due to low utilization

Summary:

New Code: Drug-induced sleep endoscopy, 42975, describes the inspection of the anatomic structures and the effects of positional and head and neck manipulation for conditions like obstructive sleep apnea.

Deleted: of gastroduodenal anastomosis with reconstruction codes 43850 and 43855 are deleted due to low utilization.

4 New Codes

CPT/HCPCS Code	2022 Long Description
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon
53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume

Summary:
Category III codes 0548T-0551T are converted to new Category I codes 53451-53454 to report periurethral transperineal balloon continence device procedures.

4 Revised Codes

CPT/HCPCS Code	2022 Long Description	2021 Long Description
54340	Repair of hypospadias ***complication(s)*** (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	Repair of hypospadias complications complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple
54344	Repair of hypospadias ***complication(s)*** (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft	Repair of hypospadias complications complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft
54348	Repair of hypospadias ***complication(s)*** (ie, fistula, stricture, diverticula); requiring extensive dissection , and urethroplasty with flap, patch or tubed graft (**including** includes urinary diversion , **when performed)**	Repair of hypospadias complications complications (ie, fistula, stricture, diverticula); requiring extensive dissection , and urethroplasty with flap, patch or tubed graft (including urinary diversion , when performed)
54352	**Revision** of prior hypospadias repair requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts	~~***Repair***~~ of ~~***prior***~~ hypospadias repair ~~***cripple***~~ requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts

Summary:

Revised Codes: Codes for the repair of hypospadias complication (54340, 54344, 54348) are revised in this code update to add “s” to “complication” in the code descriptor to clarify that one or more complications may be repaired.
Code 54352 is revised to indicate “revision of prior hypospadias repair

1 Deleted Code

CPT/HCPCS Code	Long Description	Suggested Replacement Codes
59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy	No replacement code

Summary:
Deleted: 59135 is deleted due to low utilization no replacement code

17 New Codes

CPT/HCPCS Code	2022 Long Description
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral

New Codes

CPT/HCPCS Code	2022 Long Description
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each
68841	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69716	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69719	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor
69726	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor

6 Revised Codes

CPT/HCPCS Code	2022 Long Description	2021 Long Description
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional **vertebral** segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage**,** thoracic	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage~~;~~ thoracic
64568	***Open*** Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	~~***Incision for***~~ implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
64575	***Open*** Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	~~***Incision for***~~ implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
64580	***Open*** Incision for implantation of neurostimulator electrode array; neuromuscular	~~***Incision for***~~ implantation of neurostimulator electrode array; neuromuscular
64581	***Open*** Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	~~***Incision for***~~ implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)

5 Deleted Codes

CPT/HCPCS Code	Long Descriptions	Suggested Replacement Codes
63194	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical	No replacement codes for these procedures; deleted due to low utilization
63195	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic	
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical	
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical	
63199	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic	

Summary:
Deleted Codes: No replacement codes for these procedures; deleted due to low utilization

3 New Codes

CPT/HCPCS Code	2022 Long Description
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis)
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each

2 Revised Codes

CPT/HCPCS Code	2022 Long Description	2021 Long Description
67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, ~~***1 or more sessions***~~; cryotherapy, diathermy
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, ~~***1 or more sessions***~~; photocoagulation ~~***(laser or xenon arc)***~~

Summary:

New Codes: 66989 and 66991 added to capture Cataract Removal with procedure includes insertion of an Aqueous Drainage Device

Revised Code: 67141 and 67145 code description revised

4 New Codes

CPT/HCPCS Code	**2022 Long Description**
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor
69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor

Summary:
New Codes: Four new codes added to capture Osseointegrated Implant Procedure

2 Revised Codes

CPT/HCPCS Code	2022 Long Description	2021 Long Description
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	Implantation, osseointegrated implant, ~~***temporal bone***~~, with percutaneous attachment to external speech processor/~~***cochlear stimulator; without mastoidectomy***~~
69717	***Revision*** or replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	Replacement (including removal of existing device), osseointegrated implant, ~~***temporal bone***~~, with percutaneous attachment to external speech processor/~~***cochlear stimulator; without mastoidectomy***~~

2 Deleted Codes

CPT/HCPCS Code	Long Description	Suggested Replacement Codes
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	Procedure will require two codes; 69714 to capture implantation plus appropriate code from 69501- 69676 range to capture mastoidectomy
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	Procedure will require two codes; 69717 to capture implantation plus appropriate code from 69501- 69676 range to capture mastoidectomy.

4 New Codes

CPT/HCPCS Code	2022 Long Description
77089	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk
77090	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere
77091	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only
77092	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional

1 Revised Code

CPT/HCPCS Code	2022 Long Description	2021 Long Description
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of **left ventricular** [LV] cardiac function, **right ventricular** [RV] structure and function and evaluation of **vascular** structures, if performed)	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of ~~***venous***~~ structures, if performed)

Summary:

New Codes: Code 77089 describes the use of Dual-Energy X-ray Absorptiometry (DXA) and includes the calculation and interpretation and report on fracture risk. Code 77090 describes the technical preparation and transmitting the data. Code 77091 describes the technical calculation only. Code 77092 describes the interpretation and report on fracture risk only by other QHP

Revised Code: 75573 CT of the heart with contrast for evaluation of cardiac structure and morphology in the setting of congenital hearth disease

3 Deleted Codes

CPT/HCPCS Code	Long Description	Suggested Replacement Codes
72275	Epidurography, radiological supervision and interpretation	Epidurography is included in multiple procedures – See 62321, 62323, 62325, 62327, 64479, 64480, 64483, and 64484
76101	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography, other than with urography; unilateral	No replacement
76102	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography, other than with urography; bilateral	No replacement

Summary:
Deleted Codes: 72275, 76101, 76102

Pathology Clinical Consultation

5 New Codes

CPT/HCPCS Code	2022 Long Description
80220	Hydroxychloroquine
80503	Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making When using time for code selection***, 5-20 minutes of total time is spent on the date of the consultation.***
80504	Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making When using time for code selection, ***21-40 minutes of total time is spent on the date of the consultation.***
80505	Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making When using time for code selection, **41-60 minutes of total time is spent on the date of the consultation.**
80506	Pathology clinical consultation; prolonged service, *each* ***additional 30 minutes*** (List separately in addition to code for primary procedure)

2 Deleted Codes

CPT/HCPCS Code	Long Description	Suggested Replacement Codes
80500	Clinical pathology consultation; limited, without review of patient's history and medical records	See 80503-80506; note that review of patient's history and medical records is required in order to report one of the new codes
80502	Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records	

Summary:

New Codes: New codes 80503-80506 are created to report the consultation based on the level of complexity and medical decision making.

Deleted Codes: Codes 80500 and 80502 deleted and replaced with codes form 80503-80506

New Codes

2022 Codes
81349, 81523, 81560, 82653, 83521, 83529, 86015, 86036, 86037, 86051, 86052, 86053, 86231, 86258, 86362, 86364, 86381, 86408, 86409, 86413, 86596, 87636, 87637, 87811, 0223U, 0224U, 0225U, 0226U, 0227U, 0228U, 0229U, 0230U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0240U, 0241U, 0242U, 0243U, 0244U, 0245U, 0246U, 0247U, 0248U, 0249U, 0250U, 02510U, 0252U, 0253U, 0254U, 0255U, 0256U, 0257U, 0258U, 0259U, 0260U, 0261U, 0262U, 0263U, 0264U, 0265U, 0266U,v0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0275U, 0276U, 0277U, 0278U, 0279U,0280U, 0281U, 0282U, 0283U, 0284U

Revised Codes

2022 Codes
81405,81228, 81229, 81405, 82656, 87301, 87305,87320,87324,87327,87328,87329,87332, 87335, 87335, 87335, 87335, 87335, 87336, 87337, 87338, 87339, 87340, 87341 87350 87380 87385 87389 87390 87391 87400 87420 87425 87426 87427 87430 87449 87451 87802 87803 87804 87807 87808 87809 87810 87850 87880 87899 0051U 0152U

Summary:

New Codes

- **1 Molecular Pathology**

  81349 - Cytogenomic (genome-wide) analysis

- **2 Multianalyte Assays with Algorithmic Analyses Subsection (MAAA)**

  81523- Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis

  81560- Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score

- **3 Chemistry**

  82653- Elastase, pancreatic

  83521- Immunoglobulin light chains

  83529 Interlukin-6

- **13 Immunology**

  13 New Codes for Antibody Testing

- **2 Microbiology**

  81348- Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis

  87154- Culture, typing; identification of blood pathogen and resistance typing, when performed, by nucleic acid (DNA or RNA) probe, multiplexed amplified probe technique including multiplex reverse transcription, when performed, per culture or isolate, 6 or more targets

Revised Codes

- 81405 – Genome-wide constitutional microarray analysis removed from description, which is now reported using 81349

Proprietary Laboratory Analyses (PLA) Codes

21 New Codes:

CPT/HCPCS Code	Long Description
	0285U, 0286U, 0287U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0295U, 0296U, 0297U, 0298U, 0299U, 0300U, 0301U, 0302U, 0303U, 0304U, 0305U

Summary:
0295U-0300U Ten codes for Oncology
0289U- Neurology (Alzheimer disease), mRNA, gene expression
0290U- Pain management, mRNA, gene expression
0291U- Psychiatry (mood disorders), mRNA, gene expression
0292U - Psychiatry (stress disorders), mRNA, gene expression
0292U- Psychiatry (suicidal ideation), mRNA, gene expression
0294U- Longevity and mortality risk
0301U- 0302U Two codes for Infectious agent detection by (DNA or RNA)
0303U- 0305U Three codes for Hematology, RBC

7 New Codes

CPT/HCPCS Code	2022 Long Description
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections
93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)
93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure

3 Revised Codes

CPT/HCPCS Code	2022 Long Description	2021 Long Description
93653	Comprehensive electrophysiologic evaluation **with** insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording **and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping,** right ventricular pacing and recording, **left atrial pacing and recording from coronary sinus or left** atrium, and His bundle recording, **when performed**; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	Comprehensive electrophysiologic evaluation ~~*including*~~ insertion and repositioning of multiple electrode catheters ~~*with*~~ induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (~~*when necessary*~~), and His bundle recording ~~*(when necessary) with intracardiac catheter ablation of arrhythmogenic focus*~~; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry
93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed	Comprehensive electrophysiologic evaluation ~~*including*~~ insertion and repositioning of multiple electrode catheters ~~*with*~~ induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (~~*when necessary*~~), and His bundle recording (~~*when necessary*~~) with intracardiac catheter ablation of arrhythmogenic focus; ~~*with treatment of ventricular tachycardia or focus*~~ of ventricular ectopy including ~~*intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and*~~ recording, when performed

Revised Codes

CPT/HCPCS Code	2022 Long Description	2021 Long Description
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording ~~***when necessary***~~, right ventricular pacing/recording when necessary, and His bundle recording ~~***when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation***~~

6 Deleted Codes

CPT/HCPCS Code	Long Description
93530	Right heart catheterization, for congenital cardiac anomalies
93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies
93532	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening with or without retrograde left heart catheterization, for congenital cardiac anomalies
93533	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies
93561	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure
93562	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output

Vaccines/Taxoids

1 New Code

CPT/HCPCS Code	2022 Long Description
90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use

Gastroenterology

1 New Code

CPT/HCPCS Code	2022 Long Description
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report

Otorhinolaryngology

4 Deleted Code

CPT/HCPCS Code	Long Description
92559	Audiometric testing of groups
92560	Bekesy audiometry; screening
92561	Bekesy audiometry; diagnostic
92564	Short increment sensitivity index (SISI)

2 New Codes

CPT/HCPCS Code	Long Description
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)

1 Deleted Code

CPT/HCPCS Code	Long Description
95943	Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change

5 New Codes

CPT/HCPCS Code	Long Description
98975	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment
98976	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
98977	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)

28 New Codes

Long Description
0683T, 0684T, 0685T, 0687T, 0688T, 0689T, 0690T, 0691T, 0692T, 0693T, 0694T, 0695T, 0696T, 0697T, 0698T, 0700T, 0701T, 0702T, 0703T, 0704T, 0705T, 0706T, 0708T, 0709T, 0710T, 0711T, 0712T, 0713T

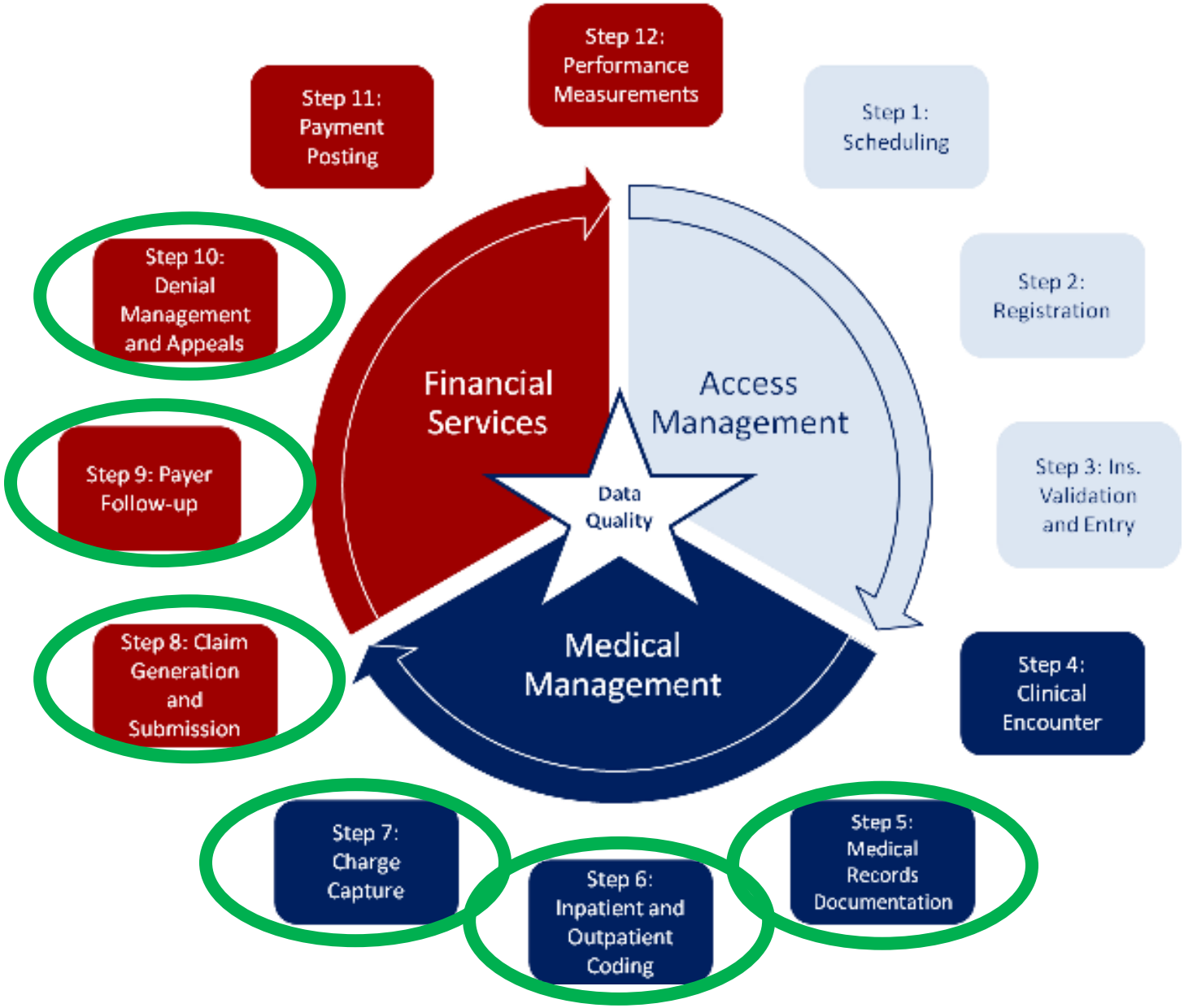
1 Deleted Code

CPT/HCPCS Code	Long Description
0423T	0423T – Secretory type II phospholipase A2 (sPLA2-IIA)

Summary:

Augmentation of Cardiac Function
Treatment of amblyopia using an online digital program
Quantitative ultrasound tissue characterization
Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator
Quantitative magnetic resonance for analysis of tissue composition
Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program
Noninvasive arterial plaque analysis using software processing of data from noncoronary computerized tomography angiography

Impact of New, Revised, and Deleted CPT®/HCPCS Codes on the MHS Revenue Cycle



Impact of New, Revised, and Deleted CPT®/HCPCS Codes on the MHS Revenue Cycle, Cont.

- Each year code changes impact both coding and billing functions
- New, revised and deleted CPT®/HCPCS codes have multiple impacts within the revenue cycle
- Share this information with your providers through cheat sheets and other established and informative communication
- Providers document the patient encounter and then pass the *billable encounters* on to coders, then billers, then third-party insurance companies, pay patients, other government agencies, or other parties tortuously liable for the cost of the medical care
- MTF UBOs must produce true and correct bills
- Each area of the Revenue Cycle works together to collect the information that pertains to the patient encounter

Action Steps:

- 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

Billing guidelines for new and revised CPT®/HCPCS Codes

- Individual payer manuals, usually available on payer websites
- Electronic Resources
  - Coding and Compliance Editor (CCE)
  - The Uniform Billing (UB) Editor (gives information on what data elements are required/situational for each field locator on the UB-04) (Published by: Optum)
  - EncoderPro
  - nThrive
- DHA UBO User Guide:

http://health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office

- DHA UBO self paced on demand web-based trainings entitled:
  - Data and Billing in Sync: UB-04/837I
  - Data and Billing in Sync: CMS 1500 (02/12) 837P

Billing Best Practices for New, Revised and Deleted CPT®/HCPCS Codes

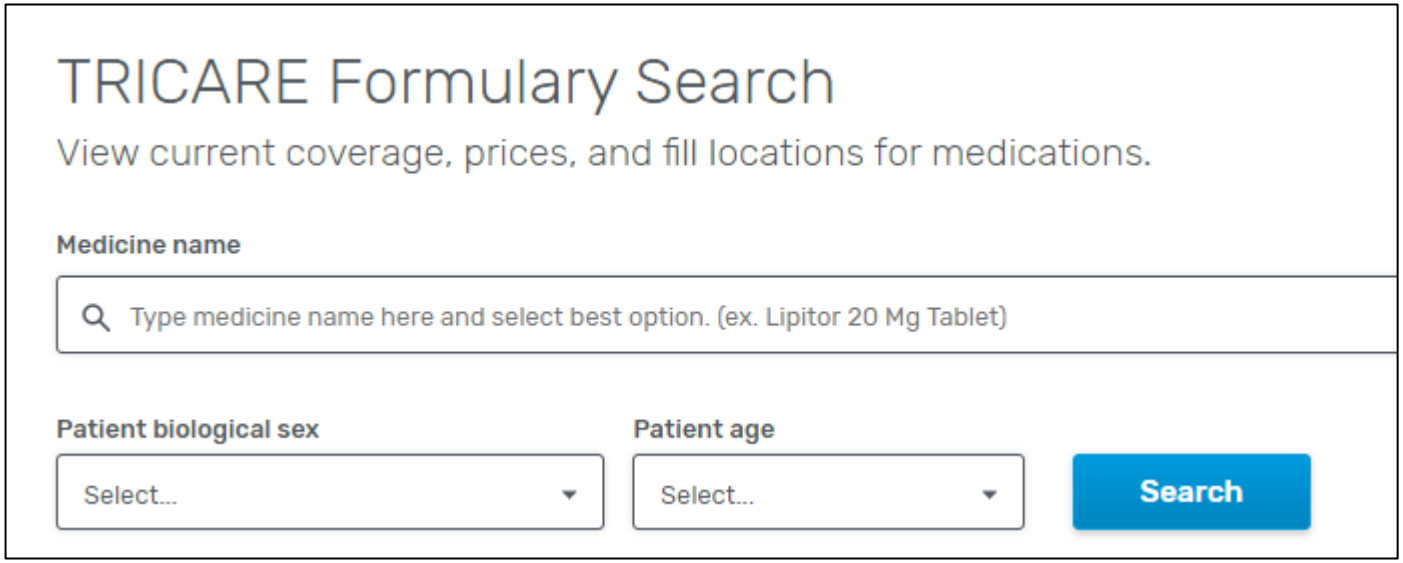
- Each line item must match medical coding data
- "Bundling" may lead to denials from the payer
  - Refers to coding related medical services as one inclusive procedure, in contrast to submitting claims for separate services
- Individual MTF UBOs are not authorized to make coding changes
  - If claim is denied due to bundling, biller encouraged to request a review of the encounter and update as necessary
- Create manual bills for "missed opportunities"
  - Incorrect Patient Categories, expired benefits, etc.
- For new and revised codes, do not bill services, supplies and pharmaceuticals if there is no DHA UBO rate assigned
- Submit codes with justification to DHA UBO Program Office for review and possible rate assignment to the DHA UBO Helpdesk (UBO.Helpdesk@IntellectSolutions.com)

Billing for New and Revised CPT®HCPCS Codes – Prior Authorizations

- Payers require prior authorization for certain new and revised CPT® and HCPCS codes
  - Claims without authorization may be rejected by payers
  - Potential impact to Third Party Collection Program revenue, Medical Services Account collections (e.g., Veterans Affairs) and Medical Affirmative Claims
- Prior authorization code list varies depending on payer
  - Contact each payer to obtain specific requirements and recommended procedure
- CMS 1500 / 837P - Item 23 Prior Authorization Number, Required, if applicable
  - [Prior authorization number for those procedures requiring prior authorization such as referral number, mammography pre-certification number, as assigned by the payer for the current service]

Billing for New and Revised NDC Codes – Prior Authorizations

- Unique case: TRICARE maintains its own comprehensive Prior Authorization and Medical Necessity List for pharmaceutical codes
- Available Online at: https://www.express-scripts.com/frontend/open-enrollment/tricare/fst/#/



- If a new code is not listed in the DHA UBO rate table(s), how is a code added?
  - If you have a new code that is not in the applicable rate table send an e-mail to the UBO.Helpdesk@IntellectSolutions.com with the specific code information and date of service in question. We will research whether there is or should be a rate for that code.

- If a patient's date of service was in CY 2021, but the claim is filed in CY 2022, what codes are used?
  - Use the CPT®/HCPCS codes that are effective on the date of service

Billing FAQ for New, Revised, and Deleted CPT®/HCPCS Codes, Cont.

- What do I do if a claim is denied because the code has been deleted in CY 2021 or an incorrect code was used?
  - If a code is deleted, replacement code(s)/rates will determine if you have to accept the denial
  - New codes effective rates for DHA UBO are 1 July, annually
    - The exception is the out of cycle update for CMAC codes from the new 2021 CPT/HCPCS release, effective January 1, 2021
  - If an incorrect code is used, billers will not change the codes, but work with the coding department to determine the correct code to be used AND the code must be effective on the date of service

Wrap-Up

- Changes in CPT®/HCPCS codes in 2022
- Proper billing codes are required for payers to reimburse claims
- New and revised codes can impact reimbursement and create denials
- Implement billing best practices
- Know the rules for Prior Authorizations, EOBs and Denials
- Focus on effective communication with coders and payers
- Develop a strategic plan for managing individual claim denials
- Utilize all available resources

Resources

- Refer to industry guidelines found on payer websites
- Refer to DHA UBO guidance:
  - DHA UBO User Guide
  - DHA UBO Website:
- DHA UBO Helpdesk
  - Email: UBO.Helpdesk@IntellectSolutions.com
- MHS Coding Guidance can be found on the Coding Workgroup MilSuite page.
  - https://www.milsuite.mil/book/community/spaces/dha-pad/coding-work-group

References

- American Medical Association: *Current Procedural Terminology (CPT®)*2022, Professional Edition, Chicago, 2019.
- Centers for Medicare & Medicaid Services, 2022 Healthcare Common Procedure Coding System (HCPCS). www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/index.html

Thank You

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