



2023 CPT4/HCPSC Code Updates and Impact on UBO Billing

UBO Support Team
January 2023

Agenda

- Changes to Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) Codes
- Effective Dates and Symbols for 2023 CPT® Code Changes
- Proposed Action for Code Changes
- Summary of 2023 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 December 2022
- DHA Uniform Business Office (UBO) Outpatient rates for 2023 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 2023* to MHS GENESIS and all legacy systems except AHLTA, which is scheduled for completion by third week of Feb 2023
 - DHA UBO rates cannot be applied retroactively



Symbols for 2023 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 2023 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 2023 codebooks
- Archive previous year manuals

Coders:

- Review 2023 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 2023 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 2023 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 2023 updates

Billing Personnel:

- Review new payer policy changes that pertain to the 2023 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 2023 CPT®/HCPCS Codes



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Summary of 2023 CPT® Changes

Section	Added	Deleted	Revised
Evaluation and Management (E/M)	1	26	50
Surgery	33	19	22
Radiology	1	0	5
Pathology/Lab	11	0	3
Medicine	10	0	7
Category III	46	22	2
Proprietary Laboratory Analysis (PLA)	9	0	0
Totals:	111	67	89



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Updates to Evaluation & Management (E/M)

- E/M guideline changes impact the following code ranges:
 - Hospital Inpatient and Observation Care Services codes 99221-99223, 99231-99239
 - Consultations codes 99242-99245, 99252-99255
 - Emergency Department codes 99281-99285
 - Nursing Facility Services codes 99304-99310, 99315, 99316



Deleted Codes: Observation Services*

CPT® Code	Code Description	Replacement Codes
99217	Observation Care Discharge	99238, 99239
99218	Initial Observation Care	99221, 99222, 99223
99219	Initial Observation Care	99221, 99222, 99223
99220	Initial Observation Care	99221, 99222, 99223
99224	Subsequent Observation Care	99231, 99232, 99233
99225	Subsequent Observation Care	99231, 99232, 99233
99226	Subsequent Observation Care	99231, 99232, 99233

*Initial Hospital Care Codes have been revised to include observation



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Revisions: Initial Hospital IP or Observation

CPT® Code	Revised Description
99221	Initial hospital inpatient or observation care , per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low-level medical decision making. When using total time on the date of the encounter for code selection, 40 mins or more must be exceeded.
99222	Initial hospital inpatient or observation care , per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.
99223	Initial hospital inpatient or observation care , per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high-level medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded



Revisions: Subsequent Hospital IP or Observation

CPT® Code	Revised Description
99231	Subsequent hospital inpatient or observation care , per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.
99232	Subsequent hospital inpatient or observation care , per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.
99233	Subsequent hospital inpatient or observation care , per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.



Deleted Codes: Consultations

CPT® Code	Code Description	Replacement Codes
99241	Office Consultation	99242, 99243, 99244, 99245
99251	Inpatient Consultation	99252, 99253, 99254, 99255



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Revisions: Office or Other Outpatient Consultation

CPT® Code	Revised Description
99242	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
99243	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99244	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
99245	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.



Revisions: Inpatient or Observation Consultation

CPT® Code	Revised Description
99252	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.
99253	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
99254	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
99255	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 80 minutes must be met or exceeded.



Revisions: Emergency Department E&M

CPT® Code	Revised Description
99281	Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional
99282	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making
99283	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making

- Revised E&M Code description removes the components of a focused history and problem focused examination
- 99281 description revised to indicate the Evaluation and Management of patient may not require presence of physician.



Revisions: Emergency Department E&M con't

CPT® Code	Revised Description
99284	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.
99285	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making.

- Revised E&M Code descriptions also denote whether a straightforward, low, medium, or high level of medical decision making is required for E&M level



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Code Updates: Integumentary System

(CPT® Codes 10000- 19999)

1 Deleted Code

CPT® Code	Long Description	Suggested Replacement
15850	Removal of sutures under anesthesia (other than local), same surgeon	15851

1 Revised Code

CPT® Code	2022 Long Description	2023 Long Description
15851	Removal of sutures under anesthesia (ie, general anesthesia, moderate sedation)(other than local), other surgeon	Removal of sutures or staples requiring anesthesia (ie, general anesthesia, moderate sedation)



Code Updates: Integumentary System con't

(CPT® Codes 10000- 19999)

3 New Codes

CPT® Code	Long Description
15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma
15853	Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code)
15854	Removal of sutures and staples not requiring anesthesia (List separately in addition to E/M code)



Code Updates: Musculoskeletal System

(CPT® Codes 20000- 29999)

4 Revised Codes

CPT® Code	2022 Long Description	2023 Long Description
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Update includes placing a semi-colon, ; at the end of the description
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	Update includes placing a semi-colon, ; at the end of the description
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression);single interspace, lumbar	Update includes placing a semi-colon, ; at the end of the description



Code Updates: Musculoskeletal System con't

(CPT® Codes 20000- 29999)

Revised Codes con't

CPT® Code	2022 Long Description	2023 Long Description
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed



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Code Updates: Cardiovascular System

(CPT® Codes 33000- 39999)

1 Revised Code

CPT® Code	2022 Long Description	2023 Long Description
35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium)

7 New Codes

CPT® Code	Long Description
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral



Code Updates: Cardiovascular System con't

(CPT® Codes 33000- 39999)

New Codes con't

CPT® Code	Long Description
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure)
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation



Code Updates: Digestive System

(CPT® Codes 40000- 49999)

- Major changes and deletions were made to Hernia repair. Code detail is summarized below:
 - Codes **49591-49596** initial repair of a reducible, incarcerated or strangulated anterior abdominal hernia < 3cm to > 10cm
 - Codes **49613-49618** recurrent repair of a reducible, incarcerated or strangulated anterior abdominal hernia < 3cm to > 10cm
 - Codes **49621-49622** initial or recurrent repair of a reducible, incarcerated or strangulated parastomal hernia
 - Code 49623 removal of total or near total non-infected mesh or other prosthesis during anterior abdominal or parastomal hernia repair



Code Updates: Digestive System con't

(CPT® Codes 40000- 49999)

18 Deleted Codes

CPT® Code	Short Description	Suggested Replacement
49560	RPR Ventral Hern Init Reduc	49591, 49593, 49595
49561	RPR Ventral Hern Init Block	49592, 49594, 49596
49565	REREPAIR Ventrl Hern Reduce	49613, 49615, 49617
49566	REREPAIR Ventrl Hern Block	49614, 49616, 49618
49568	Hernia repair w/mesh	49591, 49592, 49593, 49594, 49596, 49613, 49614, 49615, 49616, 49617, 49618



Code Updates: Digestive System con't

(CPT® Codes 40000- 49999)

Deleted Codes con't

CPT® Code	Short Description	Suggested Replacement
49570	RPR Epigastric Hern Reduce	49591, 49593, 49595, 49613, 49615, 49617
49572	RPR Epigastric Hern Blocked	49592, 49594, 49596, 49614, 49616, 49618
49580	RPR Umbil Hern Reduc <5 yr	49591, 49593, 49595, 49613, 49615, 49617
49582	RPR Umbil Hern Block <5 yr	49592, 49594, 49596, 49614, 49616, 49618
49585	RPR Umbil Hern Reduc >5 yr	49591, 49593, 49595, 49613, 49615, 49617
49587	RPR Umbil Hern Block >5 yr	49592, 49594, 49596, 49614, 49616, 49618



Code Updates: Digestive System con't

(CPT® Codes 40000- 49999)

Deleted Codes con't

CPT® Code	Short Description	Suggested Replacement
49590	Repair Spieglelian Hernia	49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618
49652	Lap/Vent/Abd Hernia Repair	49591, 49593, 49595, 49613, 49615, 49617
49653	Lap Vent/Abd Herb Proc Comp	49592, 49594, 49596, 49614, 49616, 49618
49654	Lap Inc Hernia Repair	49591, 49593, 49595
49655	Lap Inc Hernia Repair Comp	49592, 49594, 49596
49656	Lap Inc Hernia Repair Recur	49613, 49615, 49617
49657	Lap Inc Hernia Recur Comp	49614, 49616, 49618



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Code Updates: Digestive System con't

(CPT® Codes 40000- 49999)

15 New Codes

CPT® Code	Long Description
49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible
49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated
49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible
49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated



Code Updates: Digestive System con't

(CPT® Codes 40000- 49999)

New Codes con't

CPT® Code	Long Description
49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible
49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated
49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible
49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated



Code Updates: Digestive System con't

(CPT® Codes 40000- 49999)

New Codes con't

CPT® Code	Long Description
49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible
49616	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated
49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible
49618	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated



Code Updates: Digestive System con't

(CPT® Codes 40000- 49999)

New Codes con't

CPT® Code	Long Description
49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed: reducible
49622	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated
49633	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)



Code Updates: Urinary and Male Genital System

(CPT® Codes 50000 - 55999)

2 Revised Codes

CPT® Code	2022 Long Description	2023 Long Description
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction up to 2 cm	Percutaneous nephrolithotomy or pyelolithotomy lithotripsy, stone extraction, antegrade ureteroscopy , antegrade stent placement and nephrostomy tube placement , when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction, over 2 cm	Percutaneous nephrolithotomy or pyelolithotomy lithotripsy, stone extraction, antegrade ureteroscopy , antegrade stent placement and nephrostomy tube placement , when performed, including imaging guidance; complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)



Code Updates: Urinary and Male Genital System

(CPT® Codes 50000 - 55999)

3 New Codes

CPT® Code	Long Description
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperinealneedle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation



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Code Updates: Nervous System

(CPT® Codes 61000 - 64999)

7 Revised Codes

CPT® Code	2022 Long Description	2023 Long Description
64415 to 64417	Codes encompass steroid injections in brachial plexus, axillary nerves	Description adding including imaging guidance when performed
64445 to 64448	Codes encompass steroid injections in sciatic, femoral nerves	Description adding including imaging guidance when performed



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Code Updates: Eye and Ocular Adnexa

(CPT® Codes 65000 - 68999)

2 Revised Codes

CPT® Code	2022 Long Description	2023 Long Description
66174	Transluminal dilation of aqueous outflow canal without retention of device or stent	Transluminal dilation of aqueous outflow canal ; (eg, canaloplasty) ; without retention of device or stent
66175	Transluminal dilation of aqueous outflow canal with retention of device or stent	Transluminal dilation of aqueous outflow canal (eg, canaloplasty) ; with retention of device or stent



Code Updates: Auditory System

(CPT® Codes 69000 - 69999)

5 Revised Codes

CPT® Code	2022 Long Description	2023 Long Description
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex
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, skull; with percutaneous 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	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex



Code Updates: Auditory System

(CPT® Codes 69000 - 69999)

Revised Codes con't

CPT® Code	2022 Long Description	2023 Long Description
69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor
69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor , within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex



Code Updates: Auditory System

(CPT® Codes 69000 - 69999)

3 New Codes

CPT® Code	Long Description
69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex



Code Updates: Radiology

(CPT® Codes 70000 - 79999)

5 Revised Codes

CPT® Code	2022 Long Description	2023 Long Description
76882	Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) single day imaging	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) , or acquisition , single day imaging



Code Updates: Radiology

(CPT® Codes 70000 - 79999)

Revised Codes con't

CPT® Code	2022 Long Description	2023 Long Description
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) single day imaging	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition , single day imaging



Code Updates: Radiology

(CPT® Codes 70000 - 79999)

Revised Codes con't

CPT® Code	2022 Long Description	2023 Long Description
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen) single day imaging, or single area or imaging acquisition over 2 or more days	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion pelvis), single day imaging, or single area or imaging acquisition over 2 or more days
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) single day imaging, or single area over 2 or more days	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion pelvis), single day imaging, or single area or imaging acquisition over 2 or more days



Code Updates: Radiology

(CPT® Codes 70000 - 79999)

1 New Code

CPT® Code	Long Description
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity



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Code Updates: Pathology/Lab

(CPT® Codes 80000 - 89999)

3 Revised Codes

CPT® Code	2022 Long Description	2023 Long Description
81445	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder , 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET , MLL, NOTCH1 , NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), 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
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	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



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Code Updates: Pathology/Lab

(CPT® Codes 80000 - 89999)

Revised Codes con't

CPT® Code	2022 Long Description	2023 Long Description
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder , 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET , MLL, NOTCH1 , NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), 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



Code Updates: Pathology/Lab

(CPT® Codes 80000 - 89999)

11 New Codes

CPT® Code	Long Description
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis
81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes
81449	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



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Code Updates: Pathology/Lab

(CPT® Codes 80000 - 89999)

New Codes con't

CPT® Code	Long Description
81451	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
81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis
84433	Thiopurine S-methyltransferase (TPMT)



Code Updates: Pathology/Lab

(CPT® Codes 80000 - 89999)

New Codes con't

CPT® Code	Long Description
87467	Hepatitis B surface antigen (HBsAg), quantitative
87468	Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma phagocytophilum, amplified probe technique
87469	Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified probe technique
87478	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi, amplified probe technique
87484	Infectious agent detection by nucleic acid (DNA or RNA); Ehrlichia chaffeensis, amplified probe technique



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Code Updates: Medicine Section

(CPT® Codes 90000 - 99999)

7 Revised Codes

CPT® Code	2022 Long Description	2023 Long Description
92065	Orthoptic training ;	Orthoptic training ; performed by a physician or other qualified health care professional
92229	Imaging of retina for detection or monitoring of disease; point-of-care autonomated analysis and report, unilateral or bilateral	Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral
92284	Dark adaptation examination with interpretation and report	Diagnostic dark adaptation examination with interpretation and report
93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; or pulmonary angiography	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography



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Code Updates: Medicine Section

(CPT® Codes 90000 - 99999)

Revised Codes con't

CPT® Code	2022 Long Description	2023 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	Remote therapeutic monitoring (eg, 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	Remote therapeutic monitoring (eg, 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



Code Updates: Medicine Section

(CPT® Codes 90000 - 99999)

Revised Codes con't

CPT® Code	2022 Long Description	2023 Long Description
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	Remote therapeutic monitoring (eg, 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



Code Updates: Medicine Section

(CPT® Codes 90000 - 99999)

10 New Codes

CPT® Code	Long Description
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use
92066	Orthoptic training; under supervision of a physician or other qualified health care professional
95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral
93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)



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Code Updates: Medicine Section

(CPT® Codes 90000 - 99999)

New Codes con't

CPT® Code	Long Description
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (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
96202	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes
96203	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (List separately in addition to code for primary service)
98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days



Category III Codes: Bone Strength & Fracture Risk

3 New Codes

CPT® Code	Long Description
0743T	Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report
0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report
0750T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD



Category III Codes: Artificial Intelligence (AI) Related

5 New Codes

CPT® Code	Long Description
0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education
0741T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days
0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram
0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram
0777T	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)



Category III Codes: Virtual Reality (VR) Related

5 New Codes

CPT® Code	Long Description
0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)
0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservicetime, patient age 5 years or older
0772T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservicetime (List separately in addition to code for primary service)



Category III Codes: Virtual Reality (VR) Related

New Codes con't

CPT® Code	Long Description
0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older
0774T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)



Category III Codes: New Technology

20 Deleted Codes

CPT® Code	Description	Suggested Replacement
0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming	64999
0313T	Vagusnerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	64999
0314T	Vagusnerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	64999
0315T	Vagusnerve blocking therapy (morbid obesity); removal of pulse generator	64999



Category III Codes: New Technology

Deleted Codes con't

CPT® Code	Short Description	Suggested Replacement
0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	64999
0317T	Vagus nerve blocking therapy (morbid obesity); includes reprogramming when performed	64999
0470T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion	96999
0471T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; each additional lesion (List separately in addition to code for primary procedure)	96999



Category III Codes: New Technology

Deleted Codes con't

CPT® Code	Description	Suggested Replacement
0475T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional	93799
0476T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording, data scanning, with raw electronic signal transfer of data and storage	93799
0477T	Recording of fetal magnetic cardiac signal using at least 3 channels; signal extraction, technical analysis, and result	93799
0478T	Recording of fetal magnetic cardiac signal using at least 3 channels; review, interpretation, report by physician or other qualified health care professional	93799



Category III Codes: New Technology

Deleted Codes con't

CPT® Code	Description	Suggested Replacement
0487T	Biomechanical mapping, transvaginal, with report	Not Listed
0491T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less	Not Listed
0492T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Not Listed
0493T	Contact near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)	Not Listed



Category III Codes: New Technology

Deleted Codes con't

CPT® Code	Description	Suggested Replacement
0497T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24-hour attended monitoring; in-office connection	93799
0498T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event	93799
0514T	Intraoperative visual axis identification using patient fixation (List separately in addition to code for primary procedure)	Not Listed



Category III Codes: New Technology

Deleted Codes con't

CPT® Code	Description	Suggested Replacement
0702T	Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	Not Listed
0703T	Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; management services by physician or other qualified health care professional, per calendar month	Not Listed



Code Updates: Proprietary Lab Analysis (PLA)

9 New Codes

CPT® Code	Long Description
0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)
0356U	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
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
0358U	0358U Neurology (mild cognitive impairment), analysis of β -amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative
0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer



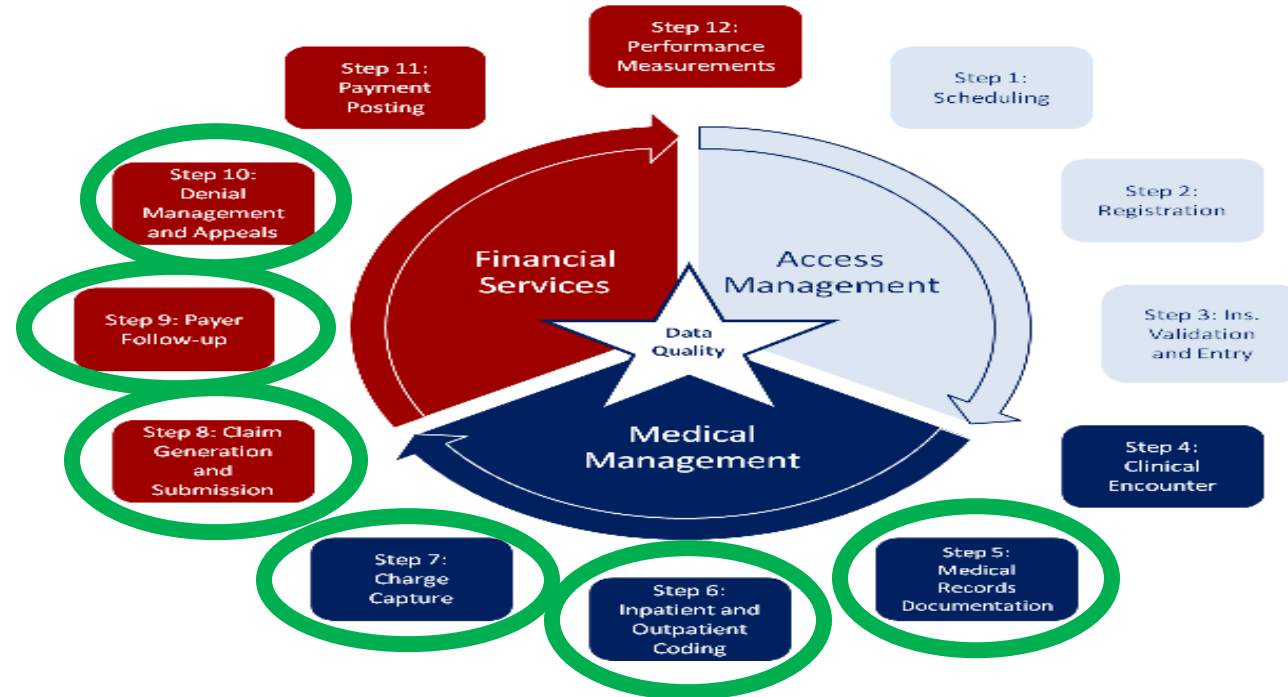
Code Updates: Proprietary Lab Analysis (PLA)

New Codes con't

CPT® Code	Long Description
0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture–enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, formalin-fixed paraffin embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes
0363U	Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma



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



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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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