AAPC Workshops

Complete 2014
Procedure Coding Updates
for procedures on the breast and trunk. Report this add-on code with the code(s) for the primary surgery.

Biologic implants support soft tissue. An acellular dermal matrix implant allows the patient’s cells to repopulate and revascularize the implanted tissue. Implants are commonly used during breast reconstruction and procedures on the abdominal wall. A parenthetical note directs you to 17999 for biological implants for soft tissue reinforcement in tissues other than the breast and trunk.

Skin, Subcutaneous, and Accessory Structures: Burns, Local Treatment

A new illustration and table for determining the total body surface area for treatment of burns (16000–16036) is added to CPT® for 2014. The Lund-Browder classification method takes into consideration the body surface area of patients of different ages. An easy-to-use table is included that provides the total body surface area by anatomic site and patient age.

Skin, Subcutaneous, and Accessory Structures: Excision

- **19081** Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance

**AAPC Rationale**

New combination codes report both the surgical portion and imaging guidance for breast biopsies, as determined by the type of imaging guidance required. If more than one biopsy is performed using different types of imaging guidance, report a primary code for each type, instead of an add-on code. New instructions for proper code use are added to the Excision guidelines preceding the breast procedure codes.

Code 19081 describes percutaneous breast biopsy of one lesion using stereotactic guidance, and includes placement of breast location devices and imaging of the biopsy specimen, when performed. Stereotactic guidance requires a special mammography machine that uses X-rays to guide the provider to the biopsy site. During the procedure, the breast is compressed and images are taken. When the biopsy site is identified, the provider uses a local anesthetic and the biopsy is taken. The provider may place a breast localization device so that the site of the biopsy can be easily identified if additional procedures or treatments are required.

The new codes include imaging guidance: Do not report 76098, 76942, 77002, or 77021 for the same lesion. To report breast biopsies without imaging guidance, use 19100 and 19101.

**19081**

Anatomical Illustrations © 2013, OptumInsight, Inc.

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Case 1

REASON FOR EXAM: Left Breast Palpable Mass;

PROCEDURE: Automated Stereotactic Biopsy Left Breast

FINDINGS: Lesion is located in the lateral region, just at or below the level of the nipple on the 90 degree lateral view. There is a subglandular implant in place.

I discussed the procedure with the patient today including risks, benefits, and alternatives. Specifically discussed was the fact that the implant would be displaced out of the way during this biopsy procedure. Possibility of injury to the implant was discussed with the patient.

Patient has signed the consent form and wishes to proceed with the biopsy.

The patient was placed prone on the stereotactic table; the left breast was then imaged from the inferior approach. The lesion of interest is in the anterior portion of the breast away from the implant, which was displaced back toward the chest wall.

After imaging was obtained and stereotactic guidance used to target coordinates for the biopsy, the left breast was prepped with Betadine. 1% lidocaine was injected subcutaneously for local anesthetic. Additional lidocaine with epinephrine was then injected through the indwelling needle. The SenoRx needle was then placed into the area of interest. Under stereotactic guidance we obtained 9 core biopsy samples using vacuum and cutting technique. The specimen radiograph confirmed representative sample of calcification was removed.

The tissue marking clip was deployed into the biopsy cavity successfully. This was confirmed by final stereotactic digital image and confirmed by post core biopsy mammogram left breast. The clip is visualized projecting over the lateral anterior left breast in satisfactory position. No obvious calcium is visible on the final post core biopsy image in the area of interest.

The patient tolerated the procedure well. There were no apparent complications. The biopsy site was dressed with Steri-Strips, bandage, and ice pack in the usual manner. The patient did receive written and verbal postbiopsy instructions. The patient left our department in good condition.

IMPRESSION:

1. SUCCESSFUL STEREOTACTIC CORE BIOPSY OF LEFT BREAST CALCIFICATIONS.
2. SUCCESSFUL DEPLOYMENT OF THE TISSUE MARKING CLIP INTO THE BIOPSY CAVITY
3. PATIENT LEFT OUR DEPARTMENT IN GOOD CONDITION TODAY WITH POSTBIOLOGY INSTRUCTIONS.
4. PATHOLOGY REPORT IS PENDING; AN ADDENDUM WILL BE ISSUED AFTER WE RECEIVE THE PATHOLOGY REPORT.

Code(s):
A parenthetical note directs you to the appropriate code range for radical resection of tumors of cutaneous origin (11620–11646). The guidelines in the beginning of the Musculoskeletal system are updated to clarify the correct codes for excision of subcutaneous soft connective tissue tumors and radical resection of soft connective tissue tumors.

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** Additional 2014 Procedure Coding Updates **

New codes 23334–23335 report shoulder prosthesis removal, based on the components removed.

- **23333** Removal of foreign body, shoulder; deep (subfascial or intramuscular)

**AAPC Rationale**

Code 23333 describes removal of a deep (subfascial or intramuscular) foreign body in the shoulder. During the procedure, the provider makes an incision extending into the subfascial or muscular tissue, removes the foreign body, and closes the incision.

Do not report 23333 for the removal of shoulder prosthesis; a prosthesis is not considered a foreign body. New codes 23334 and 23335 report removal of shoulder prosthesis.

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**Musculoskeletal, Shoulder: Introduction or Removal**

**23331** Removal of foreign body, shoulder; deep (e.g., Neer hemiarthroplasty removal)

**AAPC Rationale**

Code 23331 is deleted. Existing code 23330 describes removal of a foreign body from the subcutaneous tissue; new code 23333 describes deep (subfascial or intramuscular) foreign body removal.

Do not report the removal of a prosthesis with a code for foreign body removal. New codes (23334–23335) report shoulder prosthesis removal.

**23332** Removal of foreign body, shoulder; complicated (e.g., total shoulder)

**AAPC Rationale**

Code 23332 is deleted. Existing code 23330 describes removal of a foreign body from the subcutaneous tissue; new code 23333 describes deep (subfascial or intramuscular) foreign body removal.
• **64646** Chemodenervation of trunk muscle(s); 1-5 muscle(s)

**AAPC Rationale**
Report 64646 for chemodenervation of one to five muscle(s) of the trunk. During the procedure, the provider injects a pharmacologic compound to paralyze a muscle or group of muscles. Claim only one unit of 64646, per session. Modifier 50 *Bilateral procedure* is not appropriate because coding is based on the number of muscles treated.

• **64647** Chemodenervation of trunk muscle(s); 6 or more muscle(s)

**AAPC Rationale**
New code 64647 describes chemodenervation of six or more muscles of the trunk. During the procedure, the provider injects a pharmacologic compound to paralyze a muscle or group of muscles. You may claim a single unit of 64647, per session. Modifier 50 *Bilateral procedure* is not appropriate because coding is based on the number of muscles treated.

**Eye and Ocular Adnexa, Anterior Segment: Cornea**

▲ **65778** Placement of amniotic membrane on the ocular surface for wound healing; self-retaining; without sutures

**AAPC Rationale**
Code 65778 is revised to remove “for wound healing” because its inclusion limited the code use. This procedure is performed as a bandage to promote healing and prevent eye surface disease. If sutures are not performed, report 65778. If sutures are performed, report 65779.

▲ **65779** Placement of amniotic membrane on the ocular surface for wound healing; single layer, sutured

**AAPC Rationale**
Code 65779 is revised to remove “for wound healing” because its inclusion limited the code use. This procedure is performed as a bandage to promote healing and prevent eye surface disease. If sutures are not performed, report 65778. If sutures are performed, report 65779.

**Eye and Ocular Adnexa, Anterior Segment: Anterior Sclera**

• **66183** Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach

**AAPC Rationale**
New code 66183 replaces Category III code 0192T. An anterior segment aqueous drainage device, without extraocular reservoir, implanted under a partial thickness scleral flap may be a safe alternative or adjunct to standard guarded trabeculectomy, especially for patients with advanced glaucoma in need of low intraocular pressures.

**Auditory System: Removal**

▲ **69210** Removal impacted cerumen (separate procedure) requiring instrumentation, 1 or both ears unilateral

**AAPC Rationale**
Code 69210 is revised to clarify that instrumentation is required. This code is not reported for ear lavage to remove impacted cerumen. The procedure is also revised to report a unilateral procedure: Modifier 50 *Bilateral procedure* is appropriate if the procedure is performed on both the right and left ear.
• **92524** Behavioral and qualitative analysis of voice and resonance

**AAPC Rationale**
Code 92506 is deleted and replaced with four new codes to identify specific evaluations. Code 92524 reports the behavioral and qualitative analysis of voice and resonance.

**Medicine/Cardiovascular:**
**Repair of Structural Heart Defect**

• **93582** Percutaneous trans catheter closure of patent ductus arteriosus

**AAPC Rationale**
Code 93582 describes percutaneous trans catheter closure of the patent ductus arteriosus. The condition affects some babies soon after birth, causing abnormal blood flow between two of the major arteries connected to the heart (aorta and pulmonary). This can strain the heart and increase blood pressure in the lung.

• **93583** Percutaneous trans catheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed

**AAPC Rationale**
New code 93583 describes minimally invasive procedure to reduce septal thickness, which helps to improve left ventricular outflow tract obstruction.

**Medicine/Cardiovascular: Intracardiac Electrophysiological Procedures/Studies**

• **93653** 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

**AAPC Rationale**
Code 93653 is revised to clarify code use. By adding “when necessary,” 93653 may be reported even if atrial pacing and recording, right ventricular pacing and recording, and His bundle recording are not performed.

• **93656** Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with atrial recording and including left or right atrial pacing/recording when possible, necessary, right ventricular pacing/recording when necessary and recording, His bundle recording when necessary with intracardiac catheter ablation of arrhythmogenic focus, with treatment of atrial fibrillation by ablation by pulmonary vein isolation

**AAPC Rationale**
Code 93656 is revised to clarify code use. By adding “when necessary,” 93656 may be reported even if atrial pacing and recording, right ventricular pacing and recording, and His bundle recording are not performed.

**Medicine/Pulmonary**

• **94669** Mechanical chest wall oscillation to facilitate lung function, per session

**AAPC Rationale**
Report 94669 for the application of a mechanical oscillation device. High-frequency chest wall oscillation units are intended to shear mucus from the airway wall by oscillatory forces, to aid in mucus mobilization and expectoration.
Interprofessional Telephone/Internet Consultations

- Documentation must include the verbal or written request for the consultative service, the reason for the request, and the verbal/Internet discussion.
- The consulting provider cannot report 99446-99449 if he/she had a face-to-face encounter with the patient within the last 14 days, or if the verbal/Internet consulting service leads to a face-to-face encounter within 14 days.

Interprofessional Telephone/Internet Consultations

- Report 99446-99449 only once per seven-day period
  - If more than one telephone/Internet consultation is required for the same date of service, add together the time for all the services and report a single code.
- Only the consulting provider may report 99446-99449
  - The treating provider reports the applicable E/M code for his/her services.