



NAHRI New England Regional Chapter Meeting

A WEBINAR PRESENTED ON January 8, 2020

Hosted By



- Jaclyn Fitzgerald, CHRI
- Director, NAHRI
 - Fitzgerald is the director of NAHRI and is responsible for the strategic planning of the association. She ensures NAHRI meets the needs of members and serves as the voice of the revenue integrity profession.

Agenda

- About NAHRI and CHRI
- Regional chapters and workgroups
- Revenue Integrity Symposium and Revenue Integrity Leadership Exchange
- Meet your chapter leaders
- Presentation by Julie Leonard on CPT code changes

What is NAHRI?

- NAHRI is the nation's only association dedicated to the revenue integrity profession
- NAHRI's mission is to enhance the revenue integrity profession through standards, advocacy, networking, and the promotion of shared knowledge and resources.

What is NAHRI?

NAHRI members receive:

- Advocacy and leadership from the [NAHRI Advisory Board](#)
- Weekly tips, news, and strategies in our e-newsletter, [Revenue Integrity Insider](#)
- In-depth news, analysis, and regulatory information, case studies on building successful programs, and membership profiles in our quarterly journal, the [NAHRI Journal](#)
- An opportunity to network with peers and colleagues in the [NAHRI Forum](#) as well as [Workgroups and Regional Chapters](#)
- Access to live and archived [quarterly conference calls](#), hour-long networking discussions, and more
- Helpful tools accessed in our electronic [Resource Library](#), including sample queries, policies, and tools
- Access to the [Revenue Cycle Career Center](#)
- Discounts to the annual [Revenue Integrity Symposium](#), [CHRI credential](#), and [HCPro boot camps](#)

Get Involved

- **Call for boards and committees**

- In addition to seeking new board members as some current terms expire, there are several committees seeking new members:
 - Conference Committee: Reviewing and vetting applications submitted for the annual Revenue Integrity Symposium
 - Networking Committee: Developing and overseeing NAHRI networking groups, mentorship programs, and live networking events/receptions
 - Professional Advocacy Committee: Developing position papers and other efforts to help further the revenue integrity profession
 - Forms and Tools Committee: Evaluating the publication merit of field-sourced peer review materials
- Deadline: January 24
 - More information: nahri.org/articles/note-director-call-nahri-board-and-committee-members-0
 - Application: www.surveymonkey.com/r/FMJRG6J

New Online Application for CHRI


HCPPro




The Certification in Healthcare Revenue Integrity

Prepare for the CHRI Exam today!

Our new 80-question electronic CHRI Practice Exam includes remediation so you can confidently sit for the Credential Exam.



LEARN MORE

- NAHRI has launched a new, easy-to-use online application for our CHRI credential exam and recertification process at chri.simplifycertifications.com. This system allows for timely submission, approval, and payment of certification and recertification applications. As a result of these changes, we are no longer accepting paper applications or payment by check.
- Please have your contact information, work and education history, and credit card payment information available when you start the application process. Prior to submitting your application, you must review the [CHRI Exam Handbook](#).
- NAHRI members can access our online application with their nahri.org username and password. If you do not have a nahri.org username and password, select the "Register" option on chri.simplifycertifications.com and create a new CHRI application account.
- The exam consists of 140 questions, of which 120 are scored and 20 are pre-test questions. The passing score is 86 correct out of 120 scored questions.
- Timed exam—2.5 hours
 - Multiple choice
- NAHRI members save on exam, re-exam, and recertification fees
- [Practice exam available now](#)

2020 Revenue Integrity Symposium

- Fifth Annual Revenue Integrity Symposium
- Call for speakers through February 3
- Register Now
 - October 6–7, 2020
 - The Westin Westminster Hotel
Westminster, Colorado
 - hcmarketplace.com/ris2020
- Pricing
 - \$1,199
 - Early bird: Save \$150
 - Member discount: Save an additional \$100



2020 Revenue Integrity Leadership Exchange



Revenue Integrity
Leadership Exchange

- Invitation-only event where 25 of the most forward-thinking revenue integrity leaders from across the country network and learn from each other in peer-to-peer roundtable discussions
 - October 4–5, 2020
 - The Westin Westminster Hotel
 - Westminster, Colorado
- Recruiting will begin in early 2020

NAHRI Local Chapters

- NAHRI endorses the formation of regional, state, local, and subject-specific networking organizations. NAHRI encourages the collaboration of such groups with the national body and supports the alliance of the local and national groups for mutually favorable principles. Each chapter must choose three officers who must be from different healthcare organizations and who are current NAHRI national members to act as liaisons between the parties.
- Interested? Visit nahri.org/local-chapters or email NAHRI Director Jaclyn Fitzgerald at jfitzgerald@hcpro.com



NAHRI Workgroups

- NAHRI also supports the formation of Member Workgroups. Each group agrees on its own focus and meeting frequency/duration. Workgroups are typically formed based on area of interest or job title. NAHRI Leadership assists by connecting members, scheduling calls, and providing a means of group notetaking.
- The following NAHRI Member Workgroup is accepting new members:
 - **NAHRI Revenue Integrity Collaboration Workgroup**
 - Meeting frequency: Monthly
 - Meeting duration: One hour
 - Current member count: 15
- For questions, contact NAHRI Director Jaclyn Fitzgerald at jfitzgerald@hcpro.com



Meet the New England Regional Chapter Leaders



- George Boulger, RHIA, is the manager of revenue integrity at South Shore Health System in Weymouth, Massachusetts. He has been involved with coding and billing for 20 years. He also spent 10 years in compliance conducting revenue cycle reviews. Boulger has a degree in health information management and is a member of AHIMA.

Meet the New England Regional Chapter Leaders

- Laura Clifford, CPC, is an accomplished healthcare industry expert with 12+ years' experience. Prior to her employment at Central Maine Healthcare, Clifford owned and operated a successful medical billing, coding, credentialing, and consulting company specializing in new startups, account receivables, and revenue cycle redesigns. She has extensive knowledge in claim denials and effective solutions for reduction and prevention of denials working with all leaders within the organization. Clifford is a member of several associations, including NAHRI, AAPC, AAHAM, and AHIMA etc.

Meet the New England Regional Chapter Leaders



- Julie Leonard, CPC, CPMA, CPCO, CCS, RCC, ACS-AN, CRCR, CHRI, is the associate director of Kohler HealthCare Consulting. She has 18 years of experience with the principles and practices of medical coding, billing, auditing and account receivable. Leonard has extensive knowledge of CMS guidelines, AMA coding guidelines, OIG work plan focus areas, CMS, NCD and LCD policies and is familiar with *CoP* and *CfC* designated by CMS Stark laws and anti-kick-back statutes.
- Contact
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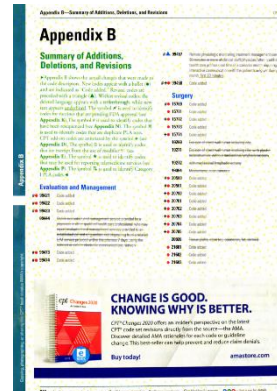
CPT Update

- Evaluation and management updates
- Surgery updates
- Radiology updates
- Laboratory updates
- Medicine updates

DISCLAIMERS



This is a high-level CPT update. We will not discuss every code and/or description change in detail.



This presentation is organized according to ‘Appendix B – Summary of Additions, Deletions and Revisions’ in the 2020 CPT Professional coding book.



Explanatory Notes – The presentation is lengthy, however, every slide will not be addressed. Please review the materials at your leisure.



Just because a new code is developed does not mean the service will be covered by Medicare or other payers... watch carefully for denials.

Evaluation and Management

Online Digital E/M services

- 99444 was deleted
- Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days;
- 99421: 5–10 minutes
- 99422: 11–20 minutes
- 99423: 21 or more minutes

Remote Physiologic Monitoring

- 99457: Revised—Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; **first 20 minutes**
- 99458: New—Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (**List separately in addition to code for primary procedure**)

Self-Measured Blood Pressure

- 99473: Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
- 99474: Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

Non-Physician Online Digital E/M

- 98969 was deleted
- Qualified nonphysician healthcare professional online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days
- 98970: 5–10 minutes
- 98971: 11–20 minutes
- 98972: 21 or more minutes

Surgery specialty changes

Integumentary

- Deleted codes-19260, 19271, 19272 and 19304
- New Codes
 - 15769: Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
 - 15771: Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
 - 15772: Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)

Integumentary, cont.

- 15773: Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate
- 15774: Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)

Musculoskeletal

- Deleted
 - 20926: Tissue grafts, other (eg, paratenon, fat, dermis)
 - See 15769–15774
- New
 - 20560 Needle insertion(s) without injection(s); 1 or 2 muscle(s)
 - 20561 Needle insertion(s) without injection(s); 3 or more muscles

Musculoskeletal, cont.

- New
 - 20700–20705 are all add-on codes read the parenthetical notes for use
 - 20700: Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)
 - 20701: Removal of drug-delivery device(s), deep (e.g., subfascial) (List separately in addition to code for primary procedure)

Musculoskeletal, cont.

- 20702: Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)
- 20703: Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)

Musculoskeletal, cont.

- 20704: Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)
- 20705: Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)

Musculoskeletal, cont.

- New
 - 21601: Excision of chest wall tumor including rib(s)
 - 21602: Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy
 - 21603: Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy

Respiratory

- No new or deleted codes
- Revised codes 31233, 31235
 - 31235 is now a child code to parent code 31233 and both share the language "Nasal/sinus endoscopy, diagnostic"
 - 31292, 31293, 31294, 31295, 31296, 31297, 31298 editorial revisions to include the inherent inclusion of nasal endoscopy. Several parenthetical notes have been added to note language updated from "same sinus" to "ipsilateral side" and "with dilatation" when included.

Cardiovascular

- Deleted codes 33010, 33011, 33015
- New codes
 - 33016: Pericardiocentesis, including imaging guidance, when performed
 - 33017: Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly
 - 33018: Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly
 - 33019: Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance

Cardiovascular, cont.

- New Category III codes
 - “In support of the establishment of new Category III codes 0517T, 0572T, 0573T, 0574T , 0575T, 0576T, 0577T, 0578T, 0579T and 0580T to report implantable cardioverter-defibrillator system with substernal electrode, the introductory guidelines have been updated and parenthetical notes added in the Cardiovascular System/heart and Pericardium/Pacemaker or Implantable Defibrillator subsection to provide guidance and direct users to the new codes”.

Cardiovascular, cont.

- Revised 33275-Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed
- Deleted 33860 user directed to 33858/33859

Cardiovascular, cont.

- 33858 Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection
- 33859 Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)
- 33871 Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation)

Cardiovascular, cont.

- 34717: Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (e.g., for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (**List separately in addition to code for primary procedure**)

Cardiovascular, cont.

- 34718: Endovascular repair of iliac artery, not associated with placement of an aortoiliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (e.g., for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), **unilateral**

Cardiovascular, cont.

- Deleted codes 35721, 35741, 35761
- Revised
 - 35701: Exploration not followed by surgical repair, artery; neck (e.g., carotid, subclavian)
- New
 - 35702: Exploration not followed by surgical repair, artery; upper extremity (e.g., axillary, brachial, radial, ulnar)
 - 35703: Exploration not followed by surgical repair, artery; lower extremity (e.g., common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)

Digestive

- Deleted codes
 - 43401
- New
 - 46948: Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed
- Revised codes
 - 46945: Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group, without imaging guidance
 - 46946: Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups, without imaging guidance

Digestive, cont.

- New
 - 49013: Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration
 - 49014: Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed

Urinary, Male & Female Genital

- Revised
 - 54640: Orchiopexy, inguinal or scrotal approach
- No new or deleted codes for these sections

Nervous

- Revised
 - 62270: Spinal puncture, lumbar, diagnostic;
 - 62272: Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);
- New
 - 62328: Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance
 - 62329: Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance

Nervous, cont.

- Revised
 - 64400–64450
 - New guidelines have been added to the introduction/injection of anesthetic agent (nerve block), diagnostic or therapeutic, somatic nerve subsection
 - Image guidance and localization separately reportable
- New
 - 64451: Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (i.e., fluoroscopy or computed tomography)
 - 64454: Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed

Nervous, cont.

- 64624: Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed
- 64625: Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (i.e., fluoroscopy or computed tomography)

Eye & Ocular

- New Codes
 - 66987: Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation
 - 66988: Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation

Eye & Ocular, cont.

- Revised Codes
 - 66711: Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens
 - 66982: Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation

Eye & Ocular, cont.

- 66984: Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation
- 68040: Parenthetical language updated to reflect addition of CAT III code
 - 0563T: Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral
- No Deleted Codes

Radiology

Radiology

- Revised Codes: Abdomen/Gastrointestinal Tract
 - 74022: Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (e.g., supine, erect, decubitus), and a single view chest
 - 74210, 74220, 74230, 74240, 74246, 74250, 74251, 74270, 74280 all have revised language to specify the type of contrast (oral, single, double) and several have revised to parent/child sets of codes and if “scout films” are included in the code.

Radiology, cont.

- New codes: Abdomen/Gastrointestinal Tract
 - 74221: Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (e.g., high-density barium and effervescent agent) study
 - 74248: Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)

Radiology, cont.

- New Codes: Cardiovascular system
 - 78429: Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan
 - 78430: Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan

Radiology, cont.

- New Codes: Cardiovascular System
 - 78431: Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
 - 78432: Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability

Radiology, cont.

- New Codes-cardiovascular system
 - 78433: Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan
 - 78434: Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)

Radiology, cont.

- Revised codes: Cardiovascular system
 - 78459, 78491 and 78492 all have been revised to reflect the more correct language in the new codes
 - 78429, 78491 are parent codes
 - 78492 now reports multiple studies
- Be sure to read all parenthetical notes

Radiology, cont.

- Revised Codes: Other Procedures
 - 78800: Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (e.g., head, neck, chest, pelvis), single day imaging
 - 78801: Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (e.g., abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days

Radiology, cont.

- Revised Codes: Other Procedures
 - 78802: Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging
 - 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 (e.g., head, neck, chest, pelvis), single day imaging

Radiology, cont.

- Revised Codes: Other Procedures
 - 78804: Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging

Radiology, cont.

- New Codes: Other Procedures
 - 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 (e.g., head, neck, chest, pelvis), single day imaging
 - 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 (e.g., pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days

Radiology, cont.

- New Codes: Other Procedures
 - 78832: 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, minimum 2 areas (e.g., pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days
 - 78835: Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)

Laboratory

Laboratory

- New: Therapeutic Drug Assays
 - 80145: Adalimumab
 - 80187: Posaconazole
 - 80230: Infliximab
 - 80235: Lacosamide
 - 80280: Vedolizumab
 - 80285: Voriconazole

Laboratory, cont.

- New-Molecular Pathology-tier 1
 - 81277: Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities
 - 81307: PALB2 (partner and localizer of BRCA2) (e.g., breast and pancreatic cancer) gene analysis; full gene sequence
 - 81308: PALB2 (partner and localizer of BRCA2) (e.g., breast and pancreatic cancer) gene analysis; known familial variant
 - 81309: PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (e.g., colorectal and breast cancer) gene analysis, targeted sequence analysis (e.g., exons 7, 9, 20)

Laboratory, cont.

- New: Multianalyte Assays
 - 81522: Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score
 - 81542: Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score
 - 81552: Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis

Laboratory, cont.

- New-Microbiology
 - 87563: Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique
- Revised-Molecular Pathology
 - 81404: Molecular pathology procedure level 5
 - 81406: Molecular pathology procedure level 7
 - 81407: Molecular pathology procedure level 8
- No deleted codes
- 76 new PLA codes not covered here, see Appendix O

Medicine

Medicine

- New: Vaccines, Toxoids
 - 90694: Influenza virus vaccine, quadrivalent (allV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use
 - 90619: Meningococcal conjugate vaccine, serogroups A, C, W, Y quadrivalent, tetanus toxoid carrier (MenB-4C), dose schedule, for intramuscular use
- Revised: Vaccines, Toxoids
 - 90734: Meningococcal conjugate vaccine, serogroups A, C, W, Y quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for IM use
- No deleted codes for Vaccines, Toxoids

Medicine

- New: Biofeedback
 - 90912: Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient
 - 90913: Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)
- Deleted 90911

Medicine, cont.

- New: Ophthalmology
 - 92201: Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (e.g., for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral
 - 92202: Ophthalmoscopy, extended; with drawing of optic nerve or macula (e.g., for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral
- Deleted
 - 92225 and 92226

Medicine, cont.

- Special Otorhinolaryngologic Services
 - Revised
 - 92548: Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (i.e., eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;
 - New
 - 92549: Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (i.e., eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)

Medicine, cont.

- New: Echocardiography
 - 93356 (add-on code): Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)
- Revised: Noninvasive Physiologic Studies and Procedures
 - 93784: Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report
 - 93786: Recording only, 93788 scanning analysis w/ report and 93790 review with interpretation and report

Medicine, cont.

- New: Noninvasive Vascular Diagnostic Studies
 - 93985: Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study
 - 93986: Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study
- Deleted
 - 93299: Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results

Medicine, cont.

- Electroencephalography
 - Revised
 - 95813: Electroencephalogram (EEG) extended monitoring; 61-119 minutes
 - Deleted
 - 95827
 - 95831
 - 95832
 - 95833
 - 95834
 - 95950
 - 95951
 - 95953
 - 95956

Medicine, cont.

- New: EEG
 - 95700: Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels
 - 95705: Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2–12 hours; unmonitored
 - 95706: Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2–12 hours; with intermittent monitoring and maintenance

Medicine, cont.

- New: EEG, cont.
 - 95707: Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2–12 hours; with continuous, real-time monitoring and maintenance
 - 95708: Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12–26 hours; unmonitored
 - 95709: Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12–26 hours; with intermittent monitoring and maintenance

Medicine, cont.

- New EEG, cont.
 - 95710: Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12–26 hours; with continuous, real-time monitoring and maintenance
 - 95711: Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2–12 hours; unmonitored
 - 95712: Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2–12 hours; with intermittent monitoring and maintenance

Medicine, cont.

- New: EEG, cont.
 - 95713: Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2–12 hours; with continuous, real-time monitoring and maintenance
 - 95714: Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12–26 hours; unmonitored
 - 95715: Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12–26 hours; with intermittent monitoring and maintenance

Medicine, cont.

- New EEG, cont.
 - 95716: Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12–26 hours; with continuous, real-time monitoring and maintenance
 - 95717: Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2–12 hours of EEG recording; without video
 - 95718: Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2–12 hours of EEG recording; with video (VEEG)

Medicine, cont.

- New: EEG, cont.
 - 95719: Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video
 - 95720: Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)

Medicine, cont.

- New: EEG, cont.
 - 95721: Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video
 - 95722: Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)

Medicine, cont.

- New: EEG, cont.
 - 95723: Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video
 - 95724: Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)

Medicine, cont.

- New: EEG, cont.
 - 95725: Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video
 - 95726: Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)

Medicine, cont.

- Deleted: Adaptive Behavior Services
 - 96150
 - 96151
 - 96152
 - 96153
 - 96154
 - 96155

Medicine, cont.

- New: Adaptive Behavior Services
 - 96156: Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making)
 - 96158: Health behavior intervention, individual, face-to-face; initial 30 minutes
 - 96159: Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)

Medicine, cont.

- New: Adaptive Behavior Services
 - 96164: Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes
 - 96165: Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)

Medicine, cont.

- New: Adaptive Behavior Services
 - 96167: Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes
 - 96168: Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
 - 96170: Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes
 - 96171: Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)

Medicine, cont.

- Therapeutic Procedures
 - Deleted
 - 97127
 - New
 - 97129: Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
 - 97130: Each additional 15 minutes

Questions and Feedback

Thank you for joining us today!

This chapter is currently seeking Chapter Members. To become a chapter member, *complete our online membership roster* and reach out to the chapter leaders at *NENAHRI1@gmail.com*.

For additional information on NAHRI Local and Regional Chapters, visit *www.nahri.org/local-chapters*.