



## 2014 CPT/OPPS Update Part II

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# Objective

- Describe significant changes in CPT 2014
- Describe new codes
- Identify deleted codes
- Review revised codes and descriptors
- Identify new coding instructions and guidelines
- Supply AMA Errata and Technical Corrections available to date
- Procedure technique changes
- OPPS Final Rule

# Errata Correction Surgery

## **Hemic and Lymphatic Systems**

### **General Transplantation and Post-Transplantation Cellular Infusions**

**Revise the transplantation and post-transplantation cellular infusion guidelines by removing the inaccurate statement that HPC boost is used for treatment of relapse, infection, or post-transplant lymphoproliferative syndrome**

## **Digestive System Gastroenterology**

- Esophagoscopy (43191-43233)
- Esophagogastroduodenoscopy (EGD) (43235-43259, 43233, 43266, 43270)
- Endoscopic Retrograde Cholangiopancreatography (ERCP) (43260-43273)

### Reason for changes:

- Reflect technology, devices and techniques used today
- Standardize language in all three sections
- CMS requested a review of the physicians' work as well as practice expenses

## Digestive System Gastroenterology

### Esophagoscopy/Endoscopic Mucosal Resection (EMR)

#### New Code

- 43211 Esophagoscopy, flexible, transoral; with endoscopic mucosal resection **\$670.47**
  - Previously reported:
    - 43201 Injection
    - 43205 Band ligation
    - 43217 Snare

### Esophagogastroduodenoscopy/(EMR)

- New code: 43254 Esophagogastroduodenoscopy, flexible, transoral; with mucosal resection **\$670.47**
  - Previously reported:
    - 43236 Injection
    - 43244 Band ligation
    - 43251 Snare

## Digestive System Gastroenterology

### Endoscopy

#### New Guideline

- Controlling bleeding that occurs as a result of the endoscopic procedure is not separately reported during the same operative session
- Anatomic structures included in an Esophagoscopy are specified
  - Cricopharyngeus muscle (upper esophageal sphincter) to and including the gastroesophageal junction.
  - When performed includes the proximal region of the stomach via retroflexion
  - Surgical Endoscopy always includes diagnostic endoscopy

# Digestive System Gastroenterology

## New Codes/OPPS Price Tag 2014 National Rate

Code	Description	CI	SI	APC	Payment Rate
	<b>Esophagoscopy</b>				
43191	Rigid, transoral; dx, brush, wash	NI	T	0141	\$670.47
43192	; w/ directed submucosal inj	NI	T	0419	\$1, 013.05
43193	; w/ biopsy, single/multiple	NI	T	0419	\$1, 013.05
43194	; with removal foreign body	NI	T	0419	\$1, 013.05
43195	; w/balloon dilation <30mm	NI	T	0419	\$1, 013.05
43196	; w/insert guide wire/dilation	NI	T	0419	\$1, 013.05



# Digestive System Gastroenterology

## New Codes/OPPS Price Tag 2014 National Rate

Code	Description	CI	SI	APC	Payment Rate
	<b>Esophagoscopy</b>				
43197	Flexible, transnasal; dx, brush wash	NI	T	0141	\$670.47
43198	; w/bx single/multi	NI	T	0141	\$670.47

# Digestive System Gastroenterology

## Revised Codes/OPPS Price Tag 2014 National Rate

- 43200 **Esophagoscopy**, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **\$670.47**
- 43201; with direct submucosal injection(s), any substance **\$1,013.05**
- 43202; with biopsy, single or multiple **\$670.47**
- 43204; with injection sclerosis of esophageal varices **\$670.47**
- 43205; with band ligation of esophageal varices **\$1,013.05**
- 43206; with optical endomicroscopy **\$1,013.05**

# Digestive System Gastroenterology

## OPPS Price Tag 2014 National Rate

### Revised Codes/Esophagoscopy

- 43215; with removal of foreign body **\$1,013.05**
- 43216; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery **\$1,968.75**
- 43217; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique **\$1,013.05**
- 43220; with transendoscopic balloon dilation (< 30mm diameter) **\$1,013.05**

### Deleted Code

- 43219

# Digestive System Gastroenterology

## OPPS Price Tag 2014 National Rate

### New Codes/Esophagoscopy

- 43211; with endoscopic mucosal resection **\$670.47**
- 43212; with placement of endoscopic stent (includes pre & post dilation, and guidewire passage when performed) **\$2,371.40**
- 43213; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed) **\$1,013.05**
- 43214; with dilator of esophagus with balloon ( 30mm diameter or larger) (includes fluoroscopic guidance, when performed) **\$1,013.05**

# Digestive System Gastroenterology

## OPPS Price Tag 2014 National Rate

### Revised Codes/Esophagoscopy

- 43226; with insertion of guide wire followed by passage of dilator(s) over guidewire **\$1,013.05**
- 43227; with control of bleeding, any method **\$1,013.05**

### New Code

- 43229; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guidewire passage, when performed) **\$1,968.75**

### Revised Code

- 43231; with endoscopic ultrasound examination **\$1,013.05**
- 43232; with transendoscopic ultrasound-guided intramural or transmural fine need aspiration/biopsy(s) **\$1,013.05**

### Deleted Code

- 43234

# Digestive System Gastroenterology

## Esophagogastroduodenoscopy (EGD)

### New Guideline

Anatomical Structures included are:

- For examination of the esophagus from the Cricopharyngeus muscle (upper esophageal sphincter) to and including the gastroesophageal junction, including examination of the proximal region of the stomach via retroflexion, when performed, see 43197, 43198, 43200, 43201, 43202, 43204, 43205, 43206, 43211, 43212, 43213, 43214, 43215, 43216, 43217, 43220, 43226, 43227, 43229, 43231, 43232

# Digestive System Gastroenterology

## Esophagogastroduodenoscopy (EGD)

### New Guideline

- To report esophagogastrosocopy where the duodenum is deliberately not examined (eg, judged clinically not pertinent), or because significant situations preclude such exam (eg, significant gastric retention precludes safe exam of duodenum), append modifier 52.

# Digestive System Gastroenterology

## Esophagogastroduodenoscopy (EGD)

### Revised Codes

- 43235 Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) b brushing or washing, when performed (separate procedure) **\$670.47**
- 43236; with directed submucosal injection(s) any substance **\$670.47**
- 43237; with endoscopic ultrasound examination limited to the esophagus stomach or duodenum, and adjacent structures **\$1,013.05**
- 43238; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), **esophagus** (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures) **\$1,013.05**
- 43239; with biopsy, single or multiple **\$670.47**

**NOTE: Red indicates text that has been removed from the code.**



# Digestive System Gastroenterology

## Esophagogastroduodenoscopy (EGD)

### Revised Codes

- 43240; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter(s)/stent(s), when performed, and endoscopic ultrasound, when performed) **\$1,013.05**
- 43241; with insertion of intraluminal tube or catheter **\$670.47**
- 43242; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis) **\$1, 013.05**
- 43243; with injection sclerosis of esophageal/gastric varices **\$670.47**
- 43244; with band ligation of esophageal/gastric varices **\$1, 013.05**

# Digestive System Gastroenterology

## Esophagogastroduodenoscopy (EGD)

### Revised Codes

- 43245; with dilation of gastric/duodenal stricture(s) (eg. Balloon, bougie)  
**\$1,013.05**
- 43246; with directed placement of percutaneous gastrostomy tube  
**\$1,013.05**
- 43247; with removal of foreign body **\$670.47**
- 43248; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire **\$670.47**
- 43249; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter) **\$1,013.05**

# Digestive System Gastroenterology

## Esophagogastroduodenoscopy (EGD)

### New Code

- 43233; with dilation of esophagus with balloon (30mm diameter or larger) (includes fluoroscopic guidance, when performed) **\$1,013.05**

### Revised Codes

- 43250; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery **\$1,013.05**
- 43251; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique **\$1,013.05**
- 43252; with optical endomicroscopy **\$1,013.05**

# Digestive System Gastroenterology

## Esophagogastroduodenoscopy (EGD)

### New Codes

- 43253; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach were the the jejunum is examined distal to the anastomosis) **\$1,013.05**
- 43254; with endoscopic mucosal resection **\$670.47**
- 43266; with placement of endoscopic stent (includes pre and post dilation and guide wire passage, when performed) **\$2,371.40**
- 43270; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre and post dilation and guidewire passage, when performed) **\$1,013.05**

# Digestive System Gastroenterology

## Esophagogastroduodenoscopy (EGD)

### Revised Codes

- 43255; with control of bleeding, any method **\$1,013.05**
- 43257; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease **\$1,968.75**
- 43259; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis **\$1,013.05**

# Digestive System Gastroenterology

## Esophagogastroduodenoscopy (EGD)

### Deleted Codes

- 43256
  - Use 43256
- 43258
  - Use 43270

# Digestive System Gastroenterology

## Endoscopic Retrograde Cholangiopancreatography (ERCP)

### Guideline Changes

- Report the appropriate code(s) for each service performed.
  - Therapeutic 43261,43262,43263, 43264, 43265, 43274, 43276, 43277, 43278
  - Includes:
    - Diagnostic 43260
    - Guidewire passage when performed
    - Considered complete if one or more ductal systems are visualized
- Attempt without success of cannulation of any ductal system (see 43235-43259 codes)

# Digestive System Gastroenterology

## Endoscopic Retrograde Cholangiopancreatography (ERCP)

### Guideline Changes

- ERCP stent placement, removal or replacement (exchange) and balloon dilation within the pancreatico-biliary system are described by these new codes:
  - 43274, 43275, 43276, 43277
- Ducts that may be reported as stented or are subject to stent replacement or stent exchange, or to balloon dilation include:
  - Pancreas: major and minor
  - Biliary Tree: R/L Hepatic, common bile, cystic/gallbladder
- 43274 & 43276 modifier 59 is appropriate



# Digestive System Gastroenterology

## Endoscopic Retrograde Cholangiopancreatography (ERCP)

### Revised Codes/OPPS

- 43260 ERCP; diagnostic, includes specimen collection **\$1,933.69**
- 43263; with pressure measurement of sphincter of Oddi **\$1,933.69**
- 43264; with removal of calculi/debris from biliary/pancreatic duct(s) **\$1,933.69**
- 43265; with destruction of calculi, any method **\$1,933.69**

Add on code status indicator N=Packaged into primary procedure

- + 43273; Endoscopic cannulation of papilla with direct visualization of the pancreatic/common bile duct(s)
  - Report 1 x per procedure
  - May be used with all of the codes listed in the ERCP subsection

# Digestive System Gastroenterology

## Endoscopic Retrograde Cholangiopancreatography (ERCP)

### New Codes/OPPS all codes \$1,933.69

- 43274; with placement of endoscopic stent into biliary or pancreatic duct including pre/post dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent
- 43275; with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)
- 43276; with removal and exchange of stent(s), biliary or pancreatic duct, including pre/post dilation and guide wire passage when performed, including sphincterotomy, when performed, each stent exchanged
- 43277; with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (Sphincteroplasty), including sphincterotomy, when performed, each duct
- 43278; with ablation of tumor(s), polyp(s), or other lesion(s), including pre/post dilation and guide wire passage, when performed

# Digestive System Gastroenterology

## Endoscopic Retrograde Cholangiopancreatography (ERCP)

### Deleted Codes

- 43267
- 43268
  - To report use 43274
- 43269
  - To report see 43275, 43286
- 43271
  - To report use 43277
- 43272
  - To report use 43278

# Resource

## **American Gastroenterological Association (AGA Institute)**

**<http://www.gastro.org/practice/coding/upper-gi-endoscopy-coding-for-2014-aga-reference-guide>**

**Then Scroll down to:**

**Upper GI Endoscopy Coding for 2014**

**[Download a pdf of the crosswalk chart](#)**

## Urinary System

### Deleted Code

- 50021 Drainage of peri-renal or renal abscess; percutaneous
  - Use CPT 49405

### New Code

- 52356 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J Type)
  - National Rate **\$3,304.29**

## Female Genital System

### Deleted Code

- 58823

### New Parenthetical Note

- For transrectal image-guided fluid collection drainage by catheter of pelvic abscess, use 49407

### Errata Change

- Cervix Uteri: Parenthetical note should be deleted for cervicography, use Category III code 0003T, since 0003T Category III code has been deleted. This is not valid instruction for 2014.

## **Nervous System New Parenthetical Notes**

### **Endovascular Therapy**

- 61624 & 61626
  - For non central nervous system and non-head or neck embolization, see 37241-37244

### **Extracranial Nerves, Peripheral Nerves and Autonomic Nervous System**

- 64530
  - For transendoscopic ultrasound-guided transmural injection, anesthetic, celiac plexus, use 43253

# Nervous System

## Destruction by Neurolytic Agent Chemodenerivation

### Somatic Nerves

#### Deleted Codes

- 64613
  - use 64616
- 64614
  - See 64642-64647

#### New Codes

- 64616 Chemodenerivation of muscle(s); Neck muscle(s), excluding muscles of the larynx, unilateral **\$202.21**
- 64617 ; Larynx, unilateral, percutaneous, includes guidance by needle electromyography, when performed **\$353.99**



# Nervous System

## Destruction by Neurolytic Agent Chemodenervation

### Errata Technical Correction:

- *Report 64642, 64643, 64644, 64645 once per extremity. Codes 64642, 64643, 64645 can be reported together up to a combination total of four units of service per patient when all four extremities are injected. Report only one base code (64642 or 64644 per session. Report one **or more** units of additional extremity code(s) 64643 or 64645) for each additional extremity injected. Report 64646 or 64647 for chemodenervation of muscles of the trunk.*
- *Revise the guideline preceding code 64642 to limit injections to reporting of one unit for injection of each additional extremity.*

**NOTE: Red indicates text that has been removed from the Errata.**

# Nervous System

## Chemodenervation of Extremity/ OPPS

### New Codes

- 64642 Chemodenervation of one extremity; 1-4 muscle(s) **\$353.99**
- +64643; each add'l extremity, 1-4 muscle(s) **\$0.00**
- 64644 Chemodenervation of one extremity; 5 or more muscle(s) **\$353.99**
- +64645; each add'l extremity, 5 or more muscle(s) **\$0.00**
- 64646 Chemodenervation of trunk muscle(s); 1-5 muscle(s) **\$353.99**
- 64647; 6 or more muscles **\$353.99**

# Surgery

## Eye and Ocular Adnexa

### Repair of Laceration

- Revised Parenthetical Note to remind us about the deletion of CPT 13150

### Revised Codes

- 65778 Placement of amniotic membrane on the ocular surface; without sutures
- 65779; single layer suture
  - Both procedures carry a (SI) Q2
  - (APC) 0233
  - National Rate **\$1, 193.16**

## Eye and Ocular Adnexa

### Anterior Sclera/ Aqueous Shunt

#### New Code

- 66183 Insertion of anterior segment aqueous drainage device, with extraocular reservoir, external approach
  - 66183 replaces Category III code 0192T
  - New code is for use of insertion of an anterior segment drainage device for the management of glaucoma
  - External surgical approach
    - (SI) T
    - (APC) 0673
    - National Rate **\$3, 037.37**

# Surgery

## Eye and Ocular Adnexa

### Extraocular Muscles

#### Revised Parenthetical

- Following 67345 for Chemodenervation of extraocular muscle **\$255.36**
- Reference removed for code 64613 due to deletion of code for 2014
- Replaced with new code 64616
  - For chemodenervation for blephrospasm and other neurological disorders, see 64612 and 64616

# Surgery

## **Eye and Ocular Adnexa**

### **Eyelids/Reconstruction**

#### **Revised Parenthetical**

- Following 67938 revised to reflect deletion of CPT 13150

### **Conjunctiva- Incision and Drainage**

#### **Revised Parenthetical**

- Following 68040 cross reference added to report automated evacuation of Meibomian glands use 0207T

# Auditory System

## Revised Code

- 69210 Removal impacted cerumen requiring instrumentation, unilateral
  - Use modifier 50 for bilateral procedure

## Procedure Example:

- Pinna and external auditory canal examined. Pinna is grasped and external auditory canal exposed and opened. The instrument of magnification is positioned. Cerumen removed by one of the following methods.
  - Cerumen Curettes, Spoons, Suctions, Micro Forceps
- After removal the external auditory canal and tympanic membranes are examined, status noted, and hearing grossly assessed.

# Auditory System

## External Ear

### Repair

#### Revised Parenthetical

- 69320 Reconstruction external auditory canal for congenital atresia, single stage
  - Other reconstructive procedures with grafts (eg. Skin, cartilage, bone), see 13151-15760, 21230-21235



# Radiology

## Diagnostic Imaging

### Revised Code

- 72040 Radiologic examination, spine, cervical; 2 or 3 views **\$57.35**

### Deleted Codes

- 75960 RS&I Transcatheter placement
- 77031 Stereotactic localization guidance for breast
- 77032 Mammographic localization guidance for breast

## **Radiation Oncology/Clinical Treatment Planning New Introductory Guidelines**

- Simulation is defined as complex if any of these criteria are met:
  - Particle, rotation or arc therapy
  - Complex or custom blocking
  - Brachytherapy simulation
  - Hyperthermia probe verification or/
  - Any use of contrast material
- If simulation does not meet any of these criteria, the complexity is defined by the number of treatment areas
  - 1 = Simple
  - 2 = Intermediate
  - 3 or more = complex

# Radiology

## **Radiation Oncology**

### **New Code**

- +77293 Respiratory motion management simulation
  - Report with 77295, 77301

## **Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services**

### **Revised Code**

- 77295 3-dimensional radiotherapy plan, including dose-volume histograms

# Radiology

## Nuclear Medicine

### Diagnostic

- Following CPT 78268 Urea breath test, C-14; analysis
  - Note: for Breath hydrogen or methane testing and analysis, use 91065

### Cardiovascular System

- Following CPT 78469 Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
  - Note: For myocardial sympathetic innervation imaging, see 0331T, 0332T

# Pathology, Laboratory and Molecular Pathology

## Quick Glance

- Therapeutic Drug Assays 10 new codes
- Molecular Pathology:
  - Tier 1,2 and 3 changes with Tier 2 reflecting 318 new analyte additions

## Vaccines/Toxoids

- 5 New Flu virus vaccine codes
  - Status Indicator L
  - Not paid under OPPS

## Psychiatry

### Psychiatric Diagnostic Procedures

#### New Instructional Parenthetical

- Use appropriate prolonged services code 99354, 99355, 99356, 99357 for psychotherapy services not performed with an E/M service of 90 minutes or longer face-to-face with the patient

# Medicine

## Gastroenterology

### Revised Code

- 91065 Breath hydrogen or methane test **\$145.15**
  - Report 91065 once for each administered challenge

## Ophthalmology

- Some parentheticals and notes referenced in support of new Category III codes that are available for reporting



## Special Otorhinolaryngologic Services

### Deleted Code

- 92506
  - To report see new code set below

### New Codes and Guidelines

- 92521 Evaluation of speech fluency
- 92522 Evaluation of speech sound production (eg: articulation, phonological process, apraxia, dysarthria);
- 92523 ; with evaluation of language comprehension and expression
- 92524 Behavioral and qualitative analysis of voice and resonance

## Repair of Structural Heart Defect/OPPS

### New Code

- 93582 Percutaneous transcatheter closure of patient ductus arteriosus (PDA) (**\$12,787.65**) (SI) T
  - Includes:
    - Congenital right and left heart catheterization
    - Catheter placement in the aorta
    - Aortic arch angiography when performed
    - Moderate Sedation

## Repair of Structural Heart Defect/OPPS

- Not Included in 93582
  - For other cardiac angiographic procedures performed at the time of transcatheter PDA closure, see 93563, 93564, 93565, 93566, 93568 as appropriate. All codes (SI) N Packaged
  - Left heart catheterization by transseptal puncture through intact septum or by transapical puncture performed at the time of transcatheter PDA closure, use 93462 (SI) N Packaged
  - For intracardiac echocardiographic services performed at the time of transcatheter PDA closure. see 93662 (SI) N Packaged

## Repair of Structural Heart Defect

### New Code/Inpatient ONLY Procedure

- 93583 Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed
  - Includes:
    - Insertion of temporary pacemaker, when performed, and left heart catheterization
    - Left anterior descending coronary angiography for the purpose of roadmapping to guide the intervention
    - Coronary angiography performed during alcohol septal ablation for the purpose of roadmapping, guidance of the intervention, vessel measurement, and completion
    - Moderate Sedation

## Repair of Structural Heart Defect/OPPS

- Not included in 93583
  - Diagnostic cardiac catheterization procedures may be reported separately when no prior catheter-based diagnostic study of the treatment zone is available, the prior diagnostic study is inadequate or the patient's condition with respect to the clinical indication has changed since the prior study or during the intervention
  - Intracardiac echocardiographic services performed at the time of alcohol septal ablation, use 93662
  - Other echocardiographic services provided by a separate physician should be reported with the appropriate echocardiography services codes
  - Surgical Ventriculomyotomy, (myectomy) for idiopathic hypertrophic subaortic stenosis, use 33416

## Intracardiac Electrophysiological Procedures/Studies

### Revised Codes/Guidelines/Parenthetical notes

- 93653 Phrase changed “when possible” to “when necessary” and the term “bundle” is added within the code descriptor
- 93654; Parent code revision
- 93656 Revised to clarify the intent that if atrial pacing and recording, right ventricular pacing and recording, and His bundle recording cannot be performed 93656 may still be reported. Changes “when possible “ to “when necessary” the word “and” added prior to “His Bundle”
  - All codes (SI) Q3 National Rate (**\$13,115.06**) Procedures are subject to composite payment when criteria is met.

# Physical Medicine and Rehabilitation

## Active Wound Care Management

### New Code

- 97610 Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day
  - (SI) T
  - National Rate **\$83.73**

# Category II

## Code Set Continues to Expand

- 47 New Codes
- Revisions made to:
  - Peri-operative Care 2 Measure Set
- 2 new measures added
- New section added:
  - Non-measure Claims-Based Reporting
- For more information go to: [www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt/category-ii-codes.page](http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt/category-ii-codes.page)



# Category III

## 21 New Codes

- 0319T
- 0320T
- 0321T
- 0322T
- 0323T
- 0324T
- 0325T
- 0326T
- 0327T
- 0328T
- 0329T
- 0330T
- 0331T
- 0332T
- 0333T
- 0334T
- 0335T
- 0336T
- 0337T
- 0338T
- 0339T

## 12 Deleted Codes

- 0078T
- 0079T
- 0080T
- 0081T
- 0124T
- 0183T
- 0185T
- 0186T
- 0192T
- 0260T
- 0261T
- 0318T

# OPPS Summary

## Final Rule: Addendum P

Items and Services to be “Packaged” or Included in Payment for a Primary Service CMS finalized the following five new categories of items and services to be packaged when reported on the same claim as a main procedure or service. For certain categories, a separate payment may be made if the item or service is furnished on a separate date of service than the primary service.

- Drugs, biologicals, and radiopharmaceuticals that function as supplies when used in a diagnostic test or procedure;
- Drugs and biologicals that function as supplies or devices; when used as a surgical procedure, including skin substitutes. Skin substitutes are classified as either high cost or low cost and will be packaged into the associated surgical procedure with other skin substitutes in the same class;
- Certain clinical diagnostic laboratory tests;
- Procedures described by add-on codes;
- Device removal procedures.
- Summary: <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-Sheets/2013-Fact-Sheets-Items/2013-11-27-3.html>

# References

- American Medical Association Errata  
<http://www.ama-assn.org/resources/doc/cpt/cpt-corrections-errata-2014.pdf>
- AMA CPT Changes Insiders View 2014
- CPT 2014 Professional Edition
- OPSS Final Rule 2014  
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1601-FC-.html>
- cms.gov: Addenda
- CMS Summary:  
<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-Sheets/2013-Fact-Sheets-Items/2013-11-27-3.html>

Questions? Comments?

Thank you

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