

2020 CPT CODE ADDITIONS

Effective January 1, 2020

2020 HCPCS CODE ADDITIONS

Bolded Codes

Bolded codes indicate notation of a special billing policy.

Durable Medical Equipment

A4226

A4226

HCPCS code A4226 is reimbursable for Presumptive Eligibility services. Modifier NU is required, and the code is non-taxable. Billing frequency is limited to once per week, any provider.

Immunization

90619

90619

CPT code 90694 is reimbursable for Vaccines For Children (VFC) program services. Modifiers SA, SB, SK, SL, UD, U7 and 99 are allowed.

Radiology

A9590

A9590

Iobenguane I 131 (Azedra) is indicated for the treatment of patients 12 years of age or older. An approved *Treatment Authorization Request* (TAR) is required for reimbursement. The TAR must document that the following criteria are met:

- FDA-approved indications and dosages
- Patient must be 12 years of age or older
- Must have a documented diagnosis of iobenguane scan positive, unresectable, locally advanced or metastatic pheochromocytoma or paraganglioma, and
- Iobenguane I-131 is being used as a primary treatment if prior positive MIBG scan, and
- The patient is not a candidate for chemotherapy or other curative therapies
- Must verify a negative pregnancy status in females of child-bearing age
- Platelet count must not be < 80,000/mcL or absolute neutrophil count must not be < 1,200/ mcL

ICD-10-CM diagnosis codes C74.10, C74.11, C74.12, C75.5, C7A.1, C7A.8, D35.00, D35.01, D35.02, D35.6, D44.7 or Z51.0 are suggested on the claim.

Coverage is provided at the FDA-approved dosage for one dosimetric and up to two therapeutic doses to be administered within six months of approval.

78429 – 78434

A TAR is required documenting a recipient's prior myocardial infarction, history of bypass surgery, significantly reduced left ventricular ejection fraction or significant hypokinesis of the left ventricle. Positron Emission Tomography (PET) scan codes are split-billed and require a modifier.

78830 – 78832, 87735

A TAR is required for reimbursement.

2020 CPT CODE ADDITIONS

Surgery

15769, 15771 – 15774, 20560, 20561, 20700 – 20705, 21601 – 21603, 33016 – 33019, 33858, 33859, 33871, 34717, 34718, 35702, 35703, 46948, 49013, 49014, 62328, 62329, 64451, 64454, 64624, 64625, 66987, 66988

All Surgery Add codes

Modifiers AG, ET, PA, PB, PC, SC, UA, UB, U7, 22, 47, 51, 53, 54, 55, 62, 66, 76, 77, 78, 79, 80 and 99 are allowed.

15769, 66987, 66988

A TAR is required for the primary surgeon for reimbursement.

15771, 15773

A TAR is required for the primary surgeon and assistant surgeon services are not reimbursable.

15772, 15774

CPT codes 15772 and 15774 are exempt from the modifier 51 cutback. A TAR is required for the primary surgeon and assistant surgeon services are not reimbursable.

20560, 20561, 33016, 46948, 62328, 62329, 64451, 64454, 64624, 64625

Assistant surgeon services are not reimbursable.

20700 – 20705

CPT codes 20700 – 20705 are exempt from the modifier 51 cutback. Assistant surgeon services are not reimbursable.

33858, 33859, 33871

Reimbursement for a second assistant surgeon is allowed.

34717

CPT code 34717 is exempt from the modifier 51 cutback.

2020 CPT CHANGE CODES

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Medicine

92548, 92626, 92627, 93784, 93786, 93788, 93790, 94728, 95813

Pathology

81350, 81404, 81406, 81407

Surgery

31233, 31235, 31292 – 31298, 33275, 35701, 46945, 46946, 54640, 62270, 62272, 64400, 64405, 64408, 64415 – 64418, 64420 – 64450, 66711, 66982, 66984

2020 CPT DELETED CODES

2020 CPT DELETED CODES

Medicine

Deleted Code

90911
92225
92226
93299
95827
95831 – 95834
95950
95951
95953
95956
96150 – 96155
97127
98969

Surgery

Deleted Code

19260
19271
19272
19304
20926
33010
33011
33015
33860
33870
35721
35741
35761
43401
64402
64410
64413
74241
74245
74247
74249
74260
76930
78205
78206
78320
78607
78647
78710
78805 – 78807