Effective January 1, 2020

2020 CPT CODE ADDITIONS

Bolded Codes
Bolded codes indicate notation of a special billing policy.

Immunization

90694

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

Medicine

93356, 93985, 93986, 95700 – 95726, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171, 97129, 97130

93356
Modifiers SA, U7, 22 and 99 are allowed.

93985, 96986
Modifiers SA, U7 and 99 are allowed. Only one non-invasive vascular diagnostic study (NVDS) is reimbursable when billed by the same provider, for the same recipient and same date of service. Billing frequency is limited to two per consecutive 12-month period, per code, by any provider, for the same recipient.

95700 – 95726
Modifiers SA, U7 and 99 are allowed.

96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
CPT codes 96156 – 96159 and 96164 – 96171 are reimbursable for Presumptive Eligibility services and cannot be billed in conjunction with CPT codes 90785 – 90899, 99401 – 99412 or 97151 – 97158 for the same provider on the same date of service. Modifiers SA, SB, U7 and 99 are allowed.

97129, 97130
Modifiers SA, U7 and 99 are allowed. These codes cannot be billed in conjunction with codes 97151 97155.

Ophthalmology

92201, 92202

92201
One of the following ICD-10-CM diagnosis codes is required on the claim: B39.4, B39.5, B39.9, B58.01, C69.20 – C69.42, C79.89, C79.9, D31.20 – D31.32, E08.311 – E08.39, E09.311 – E09.39, E10.311 – E10.39, E11.311 – E11.39, E13.311 – E13.39, G45.3, H05.50 – H05.53, H30.001 – H30.93, H30.101 – H32, H33.011 – H33.129, H33.191 – H33.43, H33.8, H34.00 – H34.03, H34.211 – H34.239, H34.821 – H34.9, H35.00 – H35.09, H35.111 – H35.179, H35.20 – H35.23, H35.40 – H35.469, H35.50 – H35.89, H36, H40.001 – H42, H43.00 – H43.13, H43.00 – H43.13, H44.111 – H44.2A9, H44.2C – H44.2C9, H44.601 – H44.799, Q14.1, Q14.3, Q14.8, Q14.9 or S05.50XA – S05.52XS. Modifier LT, RT or 50 is required on the claim. Modifiers U7, 22 and 99 are allowed. CPT code 92201 may not be billed in conjunction with code 92250 for the same recipient, same provider on the same date of service.

92202
One of the following ICD-10-CM diagnosis codes is required on the claim: B39.4, B39.5, B39.9, B58.01, C69.20 – C69.42, C79.89, C79.9, D31.20 – D31.32, E08.311 – E08.39, E09.311 – E09.39, E10.311 – E10.39, E11.311 – E11.39, E13.311 – E13.39, G45.3, H05.50 – H05.53, H30.001 – H30.93, H30.101 – H32, H33.011 – H33.129, H33.191 – H33.43, H33.8, H34.00 – H34.9, H35.00 – H35.09, H35.111 – H35.179, H35.20 – H35.23, H35.30 – H35.389, H35.50 – H35.89, H36, H40.001 – H42, H43.00 – H43.13, H44.2B1 – H4.2B9, H44.2D1 – H44.2E9, H44.601 – H44.799, H46.00 – H46.9, H47.011 –H47.399, Q14.2, Q14.13, Q14.8, Q14.9, Q15.0, S05.50XA – S05.62XS, T37.2X5A, T37.2X5D, T37.2X5S or Z79.899. Modifier LT, RT or 50 is required on the claim. Modifiers U7, 22 and 99 are allowed. CPT code 92202 may not be billed in conjunction with code 92250 for the same recipient, same provider on the same date of service.

Pathology

80145, 80187, 80230, 80235, 80280, 80285, 81277, 81522, 81552, 87563

All Pathology Add codes
Modifiers 33, 90 and 99 are allowed, with noted exceptions for modifier 99.

80145, 80230
One of the following ICD-10-CM diagnosis codes is required on the claim: H20.041 – H20.049, K50.00 – K50.919, K51.00 – K51.919, L40.0 – L40.9, L73.2, L88, M05.00 – M05.09, M05.20 – M06.39, M06.80 – M06.9, M08.00 – M08.99, M35.2 or M45.0 – M45.9. These codes are not split-billable and cannot be billed with modifier 26, TC or 99.

80187, 80285, 81277
These codes are not split-billable and cannot be billed with modifier 26, TC or 99.

80235
One of the following ICD-10-CM diagnosis codes is required on the claim: G40.001 – G40.219. This code is not split-billable and cannot be billed with modifier 26, TC or 99.

80280
One of the following ICD-10-CM diagnosis codes is required on the claim: K50.011 – K51.319. This code is not split-billable and cannot be billed with modifier 26, TC or 99.

81522
CPT code 81522 is limited to once in a lifetime for any provider and may not be overridden by a *Treatment Authorization Request* (TAR). A TAR is required with documentation of the following criteria:

- The recipient is estrogen and progesterone receptor (ER/PgR)-positive.
- The recipient is HER2-receptor negative.
- The recipient is lymph node negative.
- The recipient has stage I or stage II breast cancer.
- The recipient is a candidate for chemotherapy.
- The assay is used within six months of diagnosis.
- The recipient is under consideration for adjuvant systemic therapy.

Use CPT code 81522 when billing for EndoPredict.

81552
CPT code 81552 is limited to once in a lifetime for any provider and may not be overridden by a TAR. One of the following ICD-10-CM diagnosis codes is required on the claim: C69.30 – C69.32 or C69.40 – C69.42.

87563

One of the following ICD-10-CM diagnosis codes is required on the claim: N34.0 – N34.3 or N70.01 – N77.1. This code is not split-billable and cannot be billed with modifier 26, TC or 99.

Radiology

74221, 74248, **78429 – 78434, 78830 – 78832, 78835**

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.

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.

Modifiers

MA, MB, MC, MD, ME, MF, MG, MH

MA
Ordering professional is not required to consult a clinical decision support mechanism due to service being rendered to a patient with a suspected or confirmed emergency medical condition

MB
Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of insufficient internet access

MC
Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of electronic health record or clinical decision support mechanism vendor issues

MD
Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of extreme and uncontrollable circumstances

ME
The order for this service adheres to appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional

MF
The order for this service does not adhere to the appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional

MG
The order for this service does not have applicable appropriate use criteria in the qualified clinical decision support mechanism consulted by the ordering professional

MH
Unknown if ordering professional consulted a clinical decision support mechanism for this service, related information was not provided to the furnishing professional or provider

2020 CPT CHANGE CODES

Bolded Codes
Bolded codes indicate notation of special billing policy.

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

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