

Quarter 1 CPT Update

Effective January 1, 2021

Quarter 1 CPT Code Additions

Audiology

The following audiology codes have special billing policy:

92650, 92651, 92652, 92653, 69705, 69706

92650, 92651, 92652, 92653

CPT codes 92650, 92651, 92652, 92653 are split billable and are not billable for routine newborn hearing screening services.

Reimbursement for codes 92650 and 92651 are limited to once every six months, same provider, same recipient. To bill evoked response testing, providers must use CPT codes 92652 and 92653.

Modifiers GT, GQ, SA, U7 and 99 are allowed.

69705, 69706

CPT codes 69705, 96076 are reimbursable for the primary surgeon only. Assistant surgeon services are not reimbursable.

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.

Cardiology

The following cardiology codes have special billing policy:

33741, 33745, 33746, 33995, 33997, 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248

33741, 33745, 33995, 33997

CPT codes 33741, 33745, 33995 and 33997 are reimbursable for primary and assistant surgeon services. Reimbursement is not allowed for more than one assistant surgeon.

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

33746

CPT code 33746 is exempt from the modifier 51 cutback.

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

Quarter 1 CPT Code Changes

93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248

Modifiers SA, U7, and 99 are allowed.

Immunology

The following immunology code has special billing policy:

90377

90377

Modifiers SA, SB, UD, U7 and 99 are allowed.

Medicine

The following medicine codes have special billing policy:

30468, 92229, 99417, 99439

30468

Modifiers AG, ET, PA, PB, PC, SC, UA, UB, U7, 22, 47, 51, 52, 53, 54, 55, 62, 66, 76, 77, 78, 79, 80, 99 are allowed.

92229

CPT code 92229 is reimbursable for Presumptive Eligibility for Pregnant Women services. 92229 is not reimbursable for the same recipient on the same date of service by any provider in conjunction with codes 92002 thru 92014, 92133, 92134, 92227 thru 92228, 92250 or E&M codes 99202 thru 99350

Modifiers SA, U7, 22 and 99 are allowed.

Modifiers LT, RT or 50 are required.

Evaluation and Management

99417

CPT code 99417 is Medicare non-covered service and is reimbursable for California Children's Services (CCS) under service code groupings: 01, 04, 05, 06, 11 and 12

Modifiers SA, SB, U7, 24, 25, 57, 95 and 99 are allowed.

99439

CPT code 99439 must be billed in conjunction with 99490.

Modifiers SA, U7, 24, 25, 57 and 99 are allowed.

Pathology

The following pathology codes have special billing policy:

80143, 80151, 80161, 80167, 80179, 80181, 80189, 80193, 80204, 80210, 81168, 81191, 81192, 81193, 81194, 81278, 81279, 81338, 81339, 81347, 81348, 81351, 81352, 81353, 81357, 81360, 81419, 81513, 81514, 81546, 82077, 82681

80143 80151, 80161, 80167, 80179, 80181, 80189, 80193, 80204, 80210, 82077, 82681

CPT codes 80143, 80151, 80161, 80167, 80179, 80181, 80189, 80193, 80204, 80210, 82077, and 82681 are reimbursable for Presumptive Eligibility for Pregnant Women services

Modifiers 33, 90, and 99 are allowed

81168

CPT code 81168 has a frequency of once in a lifetime and requires one of the following ICD-10-CM diagnosis codes on the claim:

C83.10 thru C83.19.

Modifiers 33, 90, and 99 are allowed

81191, 81192, 81193, 81194

An approved *Treatment Authorization Request* (TAR) is required for reimbursement and requires documentation of the following criteria:

Adult and pediatric patients with solid tumors with any one of the following clinical scenarios:

- Metastatic tumor or where surgical resection is likely to result in severe morbidity, or
- Have no satisfactory alternative treatments or have progressed following treatment

Modifiers 33, 90, and 99 are allowed.

81278

CPT code 81278 has a frequency of once in a lifetime and an approved *Treatment Authorization Request* (TAR) is required for reimbursement. A TAR for CPT code 81278 requires documentation of the following criteria:

The patient has clinical features suspicious for, or requires the service as a diagnostic test for follicular lymphoma.

Modifiers 33, 90, and 99 are allowed.

Quarter 1 CPT Code Changes

81279

CPT code 81279 requires one of the following ICD-10-CM diagnosis codes on the claim: C91.00 thru C91.02, D45, D47.1 or D47.3

Modifiers 33, 90, and 99 are allowed

81338, 81339

An approved *Treatment Authorization Request* (TAR) is required for reimbursement. A TAR for CPT codes 81338 and 81339 require documentation of the following criteria:

The patient has clinical features suspicious for, or requires the service as a diagnostic test for myeloproliferative disorder.

Modifiers 33, 90, and 99 are allowed.

81347, 81348, 81357, 81360

CPT codes 81347, 81348, 81357, 81360 require one of the following ICD-10-CM diagnosis codes on the claim: C92.00 thru C92.02, D46.0, D46.1, D46.20, D46.21, D46.22, D46.4, D46.9, D46.A, D46.B, D46.C, or D46.Z,

Modifiers 33, 90, and 99 are allowed.

Quarter 1 CPT Code Changes

81351, 81352, 81353

An approved *Treatment Authorization Request* (TAR) is required for reimbursement. A TAR for CPT codes 81351, 81352 or 81353 require documentation of the following numbered criteria:

1. All of the following conditions:

- The patient has sarcoma diagnosed before 45 years of age, and
- A first-degree relative with any cancer before 45 years of age, and
- A first or second-degree relative with any cancer before 45 years of age, or a sarcoma at any age; or

2. All of the following conditions:

- A tumor belonging to the Li-Fraumeni Syndrome (LFS) tumor spectrum (soft tissue sarcoma, osteosarcoma, pre-menopausal breast cancer, brain tumor, adrenocortical carcinoma, leukemia or lung bronchoalveolar cancer) before 46 years of age, and
- At least one first or second-degree relative with an LFS tumor (except breast cancer if the patient has breast cancer) before 56 years of age or with multiple tumors; or

3. The patient has multiple tumors (except multiple breast tumors), two of which belong to the LFS tumor spectrum, and the first occurred before 46 years of age; or

4. The patient is diagnosed with adrenocortical carcinoma or choroid plexus tumor.

Modifiers 33, 90, and 99 are allowed

Quarter 1 CPT Code Changes

81419

An approved *Treatment Authorization Request* (TAR) is required for reimbursement. A TAR for CPT code 81419 requires documentation of the following criteria:

- Patient has specific epilepsy syndrome of unknown cause for which a number of genetic etiologies exist.
- The test is needed for identifying the underlying diagnosis
- The diagnostic or treatment strategy will be contingent on test results

Modifiers 33, 90, and 99 are allowed.

81513, 81514

Modifiers 33, 90, and 99 are allowed.

81546

An approved *Treatment Authorization Request* (TAR) is required for reimbursement. A TAR for CPT code 81546 requires documentation of the following numbered criteria:

1. The patient is under evaluation for thyroid nodule(s)
2. The cytopathology result from fine needle aspiration is indeterminate, defined as one of the following:
 - Follicular lesion of undetermined significance (FLUS), Bethesda III, or
 - Atypia of undetermined significance (AUS), Bethesda III, or
 - Follicular neoplasm, Bethesda IV.
3. The diagnostic or treatment strategy will be contingent on test results

Modifiers 33, 90, and 99 are allowed

Pulmonology

The following pulmonology codes have special billing policy:

32408, 94619

32408

CPT code 32408 is reimbursable for the primary surgeon only. Assistant surgeon services are not reimbursable.

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.

94619

Modifiers SA, U7, and 99 are allowed.

Surgery

The following reproductive codes have special billing policy:

57465, 55880

57465

CPT code 57465 is reimbursable for the primary surgeon only. Assistant surgeon services are not reimbursable. 57465 is reimbursable for Presumptive Eligibility for Pregnant Women services.

CPT code 57465 is exempt from the modifier 51 cutback.

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

55880

CPT code 55880 is reimbursable for the primary surgeon only. Assistant surgeon services are not reimbursable.

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

Radiology

The following radiology code has special billing policy:

71271

The following code does not have special billing policy:

76145

71271

CPT code 71271 is indicated for ages 55 to 77. One of the following ICD-10-CM diagnosis codes is required on the claim: F17.200, F17.210, F17.211, F17.213, F17.218, F17.219, F17.220, F17.221, F17.223, F17.228, F17.229, F17.290, F17.291, F17.293, F17.298, F17.299, Z12.2 or Z87.891

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Pathology

81403

CPT code 81403 is no longer reimbursable for JAK 2 (Janus kinase 2) and MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) services.

81404, 81405

CPT codes 81404 and 81405 are no longer reimbursable for TP53 (tumor protein 53, targeted sequence analysis of 2 - 5 exons) services.

Ophthalmology

92227

CPT code 92227 is reimbursable for Presumptive Eligibility for Pregnant Women services. These services are not reimbursable for the same recipient on the same date of service by any provider in conjunction with codes 92002 thru 92014, 92133, 92134, 92228 thru 92229, 92250 or E&M codes 99202 thru 99350.

92228

CPT code 92228 is reimbursable for Presumptive Eligibility for Pregnant Women services. These services are not reimbursable for the same recipient on the same date of service by any provider in conjunction with codes 92002 thru 92014, 92133, 92134, 92227, 92229, 92250 or E&M codes 99201 thru 99350.

Quarter 1 CPT Code Deletions

Audiology

Deleted Codes

92585

92586

Cardiology

Deleted Codes

92992

92993

Pathology

Deleted Codes

81545

Pulmonology

Deleted Codes

94250

94400

94750

94770

95071

32405

Radiology

Deleted Codes

76970

78135

Surgery

Deleted Codes

19324

19366

32405

49220

57112

58293

61870

62163

63180

63182

69605

Evaluation and Management

Deleted Codes

99201

This code was also removed from CCS program service code groupings: 01, 04, 05, 06, 11, and 12