2013 CPT Codes - MEDICINE

<table>
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<tr>
<th>Category - MEDICINE</th>
<th>Code Range</th>
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*Underlined words are new for 2013
*Words with a Strikethrough are deleted in 2013

Immune Globulins, Immunization, Administration of Vaccines

New Codes
90653 – Influenza vaccine, inactivated, subunit, adjuvanted, for intramuscular use
90672 - Influenza vaccine, quadrivalent, live, for intranasal use
90739 – Hepatitis B vaccine, adult dosage (2 dose schedule), for intramuscular use

Deleted Codes
90665 – Lyme disease vaccine, adult dosage, for intramuscular use
90701 – Diphtheria, tetanus toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use
90718 – Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use

Revised Codes
90655 – 90558 & 90660 – Influenza Virus vaccines - added the word “trivalent”
Example: Influenza virus vaccine, trivalent, split virus....
90746 – Hepatitis B, vaccine, adult dosage (3 dose schedule) for intramuscular use
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Psychiatric Services or Procedures

The biggest change is that all the individual psychotherapy codes were deleted and replaced with codes which include both the patient and family member. Time specifications have been changed.

New Codes

90785 – Interactive complexity (List separately in addition to the code for primary procedure) – Add-on code
90791 – Psychiatric diagnostic evaluation
90792 – Psychiatric diagnostic evaluation with medical services
90832 – Psychotherapy, 30 minutes with patient and/or family member
90833 – Psychotherapy, 30 minutes with patient and/or family member, when performed with an evaluation and management service (List separately in addition to the code for primary procedure) – Add-on code
90834 - Psychotherapy, 45 minutes with patient and/or family member
90836 - Psychotherapy, 45 minutes with patient and/or family member, when performed with an evaluation and management service (List separately in addition to the code for primary procedure) – Add-on code
90837 – Psychotherapy, 60 minutes with patient and/or family member
90838 – Psychotherapy, 60 minutes with patient and/or family member, when performed with an evaluation and management service (List separately in addition to the code for primary procedure) – Add-on code
90839 – Psychotherapy for crisis, first 60 minutes
90840 – Psychotherapy for crisis, each additional 30 minutes (List separately in addition to the code for primary procedure) – Add-on code
90863 – Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure) – Add-on code

Deleted Codes

90801, 90802, 90804 – 90819, 90821 – 90824, 90826 – 90829 – All Individual Psychotherapy codes
90857 – Interactive group psychotherapy
90862 - Pharmacologic management, including prescription, use, and review of medication, with no more than minimal medical psychotherapy

Revised Codes

90785 – Individual therapy with biofeedback training....removed the word approximately and changed the time from 20 to 30 minutes
90786 – As above but changed the time from 50 to 45 minutes
90889 – Preparation of report....removed the work “physicians” and replaced with “individuals”

Hemodialysis/Dialysis/Renal Disease Services

Revised Codes

90935, 90945, 90847, 90951-90962 - All 15 code revisions have basically replaced the wording “physician visits or evaluations” with “visits or evaluations by a physician or other qualified health care professional.”
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Gastroenterology

New Codes
91112 – Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report

Revised Codes
91110 & 91111 – Gastroenterology tract imaging....removed the word “physician” before interpretation and report

Cardiovascular

New Codes
92920 – Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
92921 – Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery – Add-on Code
92924 - Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
92925 - Percutaneous transluminal coronary atherectomy; each additional branch of a major coronary artery – Add-on Code
92928 – Percutaneous transcathefer placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
92929– Percutaneous transcathefer placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery – Add-on Code
92933 - Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
92934 - Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery – Add-on Code
92937 – Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
92938 – Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft – Add-on Code
92941 – Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed; single vessel
92943 – Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, single vessel
92944 – Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, each additional coronary artery, coronary artery branch, or bypass graft – Add-on Code
Cardiovascular Codes (cont’d)

93653 – Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast of slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry.

93654 - ; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed

93655 – Intracardiac ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia – Add-On Code

93656 - Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with atrial recording and pacing, when possible, right ventricular pacing and recording, His bundle recording with intracardiac catheter ablation of arrhythmogenic focus, with treatment of atrial fibrillation by ablation by pulmonary vein isolation.

93657 – Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation – Add-on Code

Deleted Codes

92980 – Transcatheter placement of an intracoronary stent(s) percutaneous, with or without other therapeutic intervention, any method; single vessel

92981 - ; each additional vessel

92982 – Percutaneous transluminal coronary balloon angioplasty; single vessel

92984 - ; each additional vessel

92995 – Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel

92996 - ; each additional vessel

93651 – Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination

93652 - ; for treatment of ventricular tachycardia

Revised Codes

99286 – Special anterior Anterior segment photography imaging with interpretation and report; with specular endothelial microscopy and endothelial cell count analysis

99287 - ; with fluorescein (now an add-on code)

92613, 15, 17 – Flexible fiberoptic endoscopic evaluations – removed the word “physician” before interpretation and report

92973 – Percutaneous transluminal coronary thrombectomy mechanical

93015, 93016 – Cardiovascular stress testing... – removed the word “physician” before “interpretation and report”

93224, 93227-93229, 93268, 93272, 93279 – 93295, 93297-93298, 93745, 93750, 93790, 93797, 93798 – removed the word “physician” and replaced with “by a physician or other qualified health care professional”
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Ventilator/Respiratory Services

Revised Codes
94014, 94016, 94452, 94453, 94610, 94774, 94777 – Removed the work “physician” and replaced it with “physician or other qualified health professional”

Allergy Testing & Immunotherapy

New Codes
95017 – Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of test
95018 - Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of test
95076 – Ingestion challenge test (sequential) and incremental ingestion of test items, eg, food, drug or other substance; initial 120 minutes of testing
95079 - Ingestion challenge test (sequential) and incremental ingestion of test items, eg, food, drug or other substance; each additional 60 minutes of testing (Add-on code)

Deleted Codes
95010 – Percutaneous tests ((scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report, specify number of test
95015 – Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report, specify number of test
95075 – Ingestion challenge test (sequential) and incremental ingestion of test items, eg, food, drug or other substance such as metabisulfite

Revised Codes
95004, 95024, 95027 – Percutaneous and Intracutaneous tests...Removed the words “by a physician”
Example: including test interpretation and report by a physician, specify number of tests
95120, 95125, 95130 – 95134 – Professional services for allergen immunotherapy in prescribing physicians, the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract;
Neurology & Neuromuscular Procedures

New Codes

95782 – Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95783 – Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
95907 - Nerve conduction studies; 1-2 studies
95908 - 3-4 studies
95909 - 5-6 studies
95910 - 7-8 studies
95911 - 9-10 studies
95912 - 11-12 studies
95913 - 13 or more studies
95924 – Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt
95940 – Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (Add-on code)
95941 – Continuous intraoperative neurophysiology monitoring from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (Add-on code)
95943 – Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change

Deleted Codes

95900 – Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study
95903 - ; motor, with F-wave study
95904 - ; sensory
95920 – Intraoperative neurophysiology testing, per hour (Add-on code)
95934 – H reflex, amplitude and latency study; record gastrocnemius/soleus muscle
95936 - ; record muscle other than record gastrocnemius/soleus muscle

Revised Codes

95808 – Polysomnography; any age, sleep staging with.....
95810 – Polysomnography; age 6 years or older, sleep staging...
95811 – Polysomnography; age 6 years of older, sleep staging....
95830, 95954, 95961, 95962, 95991, 96004, 96020 – Added “other qualified health care professional” in addition to “physician”
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Other Therapeutic Techniques With Direct Patient Contact - Assessment & Training – Online & Supplemental Services

Revised Codes
97530 – 97537, 97755 – Removed the words “by the provider” after words “patient contact or one-on-one contact”
98969 – Online assessment and management service provided by a qualified nonphysician health care professional to an established patient, or guardian or health care provider.....
99000-99001 – Handling and/or conveyance of specimen – Removed the word “physician” before the word “office”
99002, 99070, 99071 – added “or other qualified health care professional” in addition to “physician”
99078, 99091 – added words “qualified by education, training, licensure/regulation (when applicable)” after “physician or qualified health care professional”

Moderate Sedation & Other Services

Revised Codes
99143 – 99150 (Moderate Sedation) – added “or other qualified health care professional” in addition to “physician”
99174 – Ocular photoscreening with interpretation and report Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral
99183 – Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session