Auto Casualty

2020 CPT Code Changes: What You Need to Know

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- 248 New Codes
- 75 Revised Codes
- 71 Deleted Codes

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How will these CPT code changes for 2020 impact the casualty industry? After an intensive review of the new CPT code book, this article will discuss the most relevant 2020 CPT code changes. Keep these in mind as you review the new CPT code book:

- Deletion of Manual Muscle Testing Codes 95831–95834
- Interrogation Device Code 93297: Revision to Parenthetical Note
- New Dry Needling Codes 20560 and 20561
- Revision to Modifier 50 Guidelines for Add-On Codes
- New Add-On Code 20704
- New Code for Low-Level Laser Therapy (LLLT)
- The Biologics Are Here!

Deletion of Manual Muscle Testing Codes

CPT® Codes 95831–95834:



At the forefront of CPT code changes for 2020 is the deletion of the manual muscle testing codes, 95831–95834. These codes have frequently been a source of confusion as to whether or not they are considered inherent to Evaluation and Management Services. The confusion stops now. An AMA/RVS RUC RAW review confirms that manual muscle testing is indeed typically performed as a part of an Evaluation and Management service. As a result, a new parenthetical note directs users to the Physical Therapy Evaluation codes 97161–97164, Occupational Evaluation Codes 97165–97168 and the Athletic Training Evaluation codes 97169–97172.

Interrogation Device CPT Code 93297

Revised Parenthetical Note:



The digital future is now! Remote physiologic monitoring is becoming increasingly prevalent and as such, the AMA continues to examine and review parameters for reporting these types of services. For 2020, revisions were made to the parenthetical note for code 93297. According to CPT Changes 2020 An Insider's View, "the exclusionary parenthetical notes have been revised to clarify that codes 93297 and 93298 should not be reported with other remote monitoring services and collection and interpretation of physiologic data as described by codes 99091 and 99454." A question was posed during the 2020 AMA CPT and RBRVS Symposium to Dr. Robert Piana (AMA CPT Editorial Panel Member) as to the rationale for this parenthetical note. Dr. Piana responded that codes 99091 and 99454 are considered "other physiologic monitoring," and therefore they have their own evaluation of the data. He also confirmed that the relationship between these codes is not of an inclusive nature. The AMA's recommendation is to choose the most appropriate code based on the nature of the service provided.

New Codes for Dry Needling

CPT Codes 20560 and 20561:



For many years, the AMA has instructed users to report the unlisted procedure code "20999 Unlisted procedure, musculoskeletal system, general" for dry needling services. Within the CPT code changes for 2020, "codes 20560 and 20561 have been added to identify services that are not specifically identified as acupuncture or injections (due to the absence of an injectate). Instead, these services are known by other names, including 'dry needling' and 'trigger point acupuncture.'" From a clinical perspective, the difference between acupuncture and dry needling lies in the technique. Acupuncture is a form of complementary treatment that has its basis in Traditional Chinese Medicine and involves the insertion of very thin needles into the skin according to "meridians" or "pathways" in the human body. Inserting needles into different combinations of "meridians" is theorized to change the energy flow (also known as 'qi') to bring about reduction of pain. There is no medication or injectate of any type involved. Similarly, dry needling also involves the insertion of needles and does not

involve the use of medication or injectate. However, this is where the similarities end. Dry needling, as described by the new codes 20560 and 20561, includes the insertion of needles into muscles, not according to ‘meridians’ but instead directly into the affected area. The goal of dry needling is to achieve a “desired result of releasing tight tissue, improving microcirculation and removing neuronoxious chemicals.” They sound similar, but clearly different in theory and procedure!

Modifier 50 for Add-On Codes

Revised Guideline:

“Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding Modifier 50 to the appropriate five-digit code. Note: This modifier should not be appended to designated "add-on" codes (see Appendix D)”. The CPT 2020 code set includes a change seen (parenthetical guidelines) throughout the CPT Manual for reporting of bilateral services for add-on codes. Effective January 1, 2020, and as noted in Appendix A of the CPT code book, it is no longer appropriate to append Modifier 50 to add-on codes. Users are now instructed to report eligible add-on codes twice to denote a bilateral procedure. A question was posed during the 2020 AMA CPT and RBRVS Symposium to Dr. Kevin Vorencamp (AMA CPT Editorial Panel Member) as to whether or not the anatomic modifiers –RT and –LT should be appended to eligible add-on codes to denote a bilateral procedure. Dr. Vorencamp and the rest of the symposium panel declined to provide an answer. The AMA recommendation is that providers should consult with their payers as to how these procedures should be reported to obtain appropriate reimbursement. Review of the Centers for Medicare and Medicaid Services (CMS) Relative Value File and guidelines show no changes to the intent of bilateral payment indicators for add-on codes. There is no hard and fast guideline provided by CMS that strictly aligns to the new CPT guideline regarding add-on codes and Modifier 50. What does this mean for the casualty industry? Ultimately, it means that as the AMA suggested, acceptance of Modifier 50 when appended to a designated add-on code will depend on state reporting requirements and/or payer reporting policies.

New Add-On CPT Code 20704

Parenthetical Note Regarding Codes 27091 and 27488:



A new add-on code has been established for intra-articular drug delivery devices, code 20704. A parenthetical note instructs users that this code should not be reported in conjunction with codes 27091 or 27488. From a coding perspective, the code descriptors for these codes do not immediately provide adequate information as to why these codes should not be reported for the same encounter. Furthermore, CPT Changes 2020 An Insider’s View does not provide a rationale for this parenthetical note. However, during the 2020 AMA CPT and RBRVS Symposium, which took place in Chicago, IL on September 20–22 of last year, the question posed to Dr. Frank Voss (American Academy of Orthopaedic Surgeons, AMA CPT Advisory Committee Member) was: "what is the rationale?” Dr. Voss confirmed that the work value for the new CPT code 20704 is considered “intrinsic” to codes 27091 and 27488.

New Code for Low-Level Laser Therapy (LLLT)

CPT Category III Code 0552T:



For many years the AMA has instructed users to report the unlisted procedure code 97039 Unlisted modality (specify type and time if constant attendance) for low-level laser therapy (LLLT). However, for 2020, the AMA has added a new category III code to report LLLT. Within the 2020 code set, a new CPT Category III code is now available for reporting low-level laser therapy, 0552T. This type of therapy is gaining in popularity and the likelihood of code 0552T being reported in the casualty industry is high. Confusion has always accompanied this procedure when it comes to reporting. Many providers have reported LLLT with the well-established modality code, 97026 Application of a modality to 1 or more areas; infrared. When questioned about the appropriateness of reporting this code for LLLT, the AMA explains that the two types of infrared therapy differ in temperature. Infrared therapy, as described by code 97026, uses light and heat to raise tissue temperature five to 10 degrees centigrade. LLLT does not raise tissue temperature to five degrees centigrade. It is for this reason that it is also known as “cold laser” or “near-infrared” therapy. Now that low-level laser therapy has its own CPT code, the inappropriate reporting of CPT 97026 for cold laser therapy should be mitigated.

The Biologics Are Here!

CPT Category III Codes 0565T, 0566T and 0232T:



During the 2020 AMA CPT and RBRVS Symposium, Dr. Frank Voss (AAOS CPT Representative) described these codes as “biologics.” The definition of “biologic” is, “an agent derived from or made of living tissues or cells and used in healthcare.” This is the perfect description for these codes. The new Category III procedure codes involve removing a small amount of fat from the patient’s abdomen with a cannula. The tissue removed is then “washed” to look for and separate out pericyte cells, which are found in the lining of blood vessels in fat. Dr. Voss referred to this “washing” as the “magic” portion of the procedure. The injectate that is obtained from the “magic” is purported to work like stem cells, which are well-known for their healing properties, encouraging tissues to repair and regenerate. The harvested cells are injected directly into the knee to help reduce inflammation and mend damaged knee cartilage caused by arthritis. Patients can go home the same day and go back to work the following day after this procedure. A similar procedure to these new codes has had its own Category III code since 2010, “0232T Injection(s), platelet-rich plasma, any site, including image guidance, harvesting and preparation when performed.” It is similar to the adipose injection codes in that cells are extracted from the patient (in this case, blood), and the “magic” is performed via centrifuge to separate out various blood cells. The platelet/plasma “cocktail” is then created and injected into a joint. Platelet-rich plasma can be injected into various sites in the body and is not limited to the knee. The biologics are here and their use within the casualty industry is likely to increase as this technology gains momentum.

Conclusion

As mentioned, there are almost 400 different 2020 CPT code changes. For a full listing of the updated codes, please refer to the APA CPT 2020 Code book.

References:

[1]American Medical Association, Current Procedural Terminology 2019 Professional Edition; 2019 USA

[2] https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Overview/ClassifyYourDevice/ucm051512.htm
[3] https://www.fda.gov/downloads/medicaldevices/deviceregulationandguidance/guidancedocuments/ucm429674.pdf
[4] https://www.mayoclinic.org/tests-procedures/acupuncture/about/pac-20392763
[5] American Medical Association, CPT Changes 2020 An Insider's View; 2020 USA
[6] American Medical Association, Current Procedural Terminology 2020 Professional Edition; 2020 USA
[7] https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files
[8] CPT Network: CPT Knowledge Base Electronic Inquiry #3024 1/12/2009
[9] CPT Network: CPT Knowledge Base Electronic Inquiry #3024 1/12/2009
[10] FA Davis, Taber's Medical Dictionary 20th Edition, 2005 [11] CPT and RBRVS Annual Symposium, 2019 https://www.ama-assn.org/system/files/2019-07/2020-cpt-rbrvs-symposium-agenda.pdf



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