Auto Casualty

2019 CPT Code Changes: Technology is King

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The American Medical Association (AMA) 2019 Current Procedural Terminology (CPT) code set is here! There are a total of 335 code changes in the 2019 code set. How will these changes impact the casualty industry? After an intensive review of the new CPT code book, the most notable changes are technology-based. These changes reflect the new, modern age of medicine. Keep these in mind as you review the new CPT code book:

- New Remote Physiologic Monitoring Codes
- New Extracorporeal Shock Wave Therapy Category III Codes
- Deletion of Code 64550

Read About 2021 CPT Code Changes Here

New Remote Physiologic Monitoring (RPM) Codes

Three new RPM codes have been added and a change made to CPT® code 99091

First off, the code descriptor for CPT code 99091 has been revised to specify that this code should be reported for 30-day time periods. Code 99091 has also been moved from the Medicine Section of CPT to the Evaluation and Management section. Industry advocates have held that this 16-year-old code fails to reflect the way remote physiologic monitoring services are being provided (according to current RPM models). It is for this reason that the new RPM codes have been established and a revision made to code 99091.

> Two new CPT codes: 99453 and 99454, were added to report remote physiologic monitoring services

Two new CPT codes: 99453 and 99454, were added to report remote physiologic monitoring services (eg, weight, blood pressure, pulse oximetry) during a 30-day period. These codes represent how health care

professionals can use technology to connect with patients remotely while gathering important physiological data to more efficiently manage their care. American Medical Association guidelines state that to report these codes, "the device used must be a medical device as defined by the FDA, and the service must be ordered by a physician or other qualified health care professional."[1] **The Food and Drug Administration (FDA) defines a medical device as "an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part, or accessory which is:**

1. Recognized in the official National Formulary, or the United States Pharmacopoeia, or any supplement to them
2. Intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in man or other animals
3. Intended to affect the structure or any function of the body of man or other animals, and which does not achieve its primary intended purposes through chemical action within or on the body of man or other animals and which is not dependent upon being metabolized for the achievement of any of its primary intended purposes[2]"

   Codes 99453 and 99454 are reported for those devices that monitor a certain physiological function and not for devices that treat or "affect the structure or any function of the body."

An important point to note is that codes 99453 and 99454 are reported for those devices that monitor a certain physiological function and not for devices that treat or "affect the structure or any function of the body." Additionally, providers should be aware of the difference between a "medical device" and a "wellness product." **A "wellness product" is defined by the FDA as products that meet the following two factors:**

1. Are intended for only general wellness use, as defined in this guidance
2. Present a low risk to the safety of users and other persons[3]

A Fitbit would be a good example of a general wellness product. While a product such as the Fitbit has the ability to monitor pulse (heart rate) or sleep time, it is NOT considered a medical device as defined by the FDA and falls instead into the "general wellness product" category. CPT code 99457 is a new code that represents a service in which a physician or other qualified health care provider uses the results of remote physiological monitoring to manage a patient's care under a specific treatment plan. It includes 20 minutes or more interactive communication with the patient and caregiver within a calendar month.

New Category III Extracorporeal Shock Wave Codes

Addition of CPT® Codes 0512T and 0513T

Extracorporeal shock wave therapy (ESWT) has been used in the treatment of kidney stones (lithotripsy) for decades. However, within the past decade, the use of ESWT has been proposed for possible application in the healing of wounds and soft tissue injury (primarily plantar fasciitis). This year, the AMA has added two new codes for reporting ESWT wound healing codes.

In theory, ESWT works by increasing angiogenesis (development of new blood vessels) with a resulting release of certain "wound growth factors."[4] More often than not, these codes will be reported for ulcer or pressure wounds. In the casualty industry, this may be seen for wounds that are slow to heal. An example of this is a diabetic patient who injures a foot. Due to the nature of the disease, these patients typically experience slower healing times. Of note, there is a growing movement of ESWT use for other musculoskeletal issues (in addition to plantar fasciitis). Also known as orthotripsy, some providers are using ESWT to treat conditions such as

tennis elbow or other tendonitis-type conditions. At this time, ESWT is NOT considered standard of care in the treatment of integumentary or musculoskeletal conditions.

Deletion of CPT® Code 64550

Code 64450 Has Been Deleted From The Code Set The AMA made a change to code 64550 in 2018 by including a new parenthetical note, indicating that the code referred to TENS units.

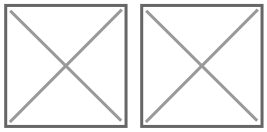
From a coding perspective, this code has been the source of confusion for many years. Previously, the AMA described code 64550 as a service "in which electrodes are placed on the skin by the physician, and the patient takes the unit home." Electrical stimulation is done at home, with the patient operating the unit.[5] However, even as recently as October 2018, an AMA CPT Knowledge Base article stated, "Code 64550 only includes surface neurostimulation", which is contradictory to the AMA's previous position that this code is a teaching code in which a patient "is instructed on how to use their at-home TENS unit."[6]

For 2019, this code (64550) has been deleted altogether

No crosswalk code has been provided. With all the confusion surrounding the code, it might be good riddance to a bad headache! **In an attempt to alleviate the confusion, a new parenthetical note has been added:** (For transcutaneous nerve stimulation [TENS], use 97014 for electrical stimulation requiring supervision only or use 97032 for electrical stimulation requiring constant attendance)

> A clear crosswalk to either code 97014 or 97032 cannot be validated

It is important to note that this parenthetical note does not imply a crosswalk. Because of the confusion over what service(s) are inherent to code 64550, a clear crosswalk to either code 97014 or 97032 cannot be validated.



As mentioned earlier, there are 335 code changes for CPT 2019. The changes mentioned here are just the tip of the iceberg. There are other changes that are notable, including new neurostimulator electronic analysis codes and behavioral assessment codes. However, one thing is very clear, patient care and medicine in general are riding the technology wave! A complete listing of code additions, deletions and revisions is available in the AMA CPT 2019 code book under Appendix B.

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