

## NEUROMUSCULAR PROCEDURES

### Nerve Conduction Tests

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

### Intraoperative Neurophysiology

95940	<i>(add on with 92585, 95822, 95860-95870, and others)</i> Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)
95941	<i>(add on with 92585, 95822, 95860-95870, and others)</i> 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 (List separately in addition to code for primary procedure)

## NEUROSYSTEM SURGERY

64615	muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg for chronic migraine)
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## TRANSURETHRAL SURGERY

52287	Cystourethroscopy, with injection(s) for chemodestruction of the bladder
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## RADIOLOGY

### Nuclear Medicine ♦ Endocrine System

78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
78013	Thyroid imaging (including vascular flow, when performed)
78014	with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)

## E & M CODES

99487	Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month
99488	First hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month
99489	<i>(Add on)</i> each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

## RESPIRATORY SURGERY

### Bronchoscopy

31647	with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe
31648	with removal of bronchial valve(s), initial lobe
31649	<i>(add on with 31648)</i> with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)
31651	<i>(add on with 31647)</i> with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure(s))

### Introduction and Removal

32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
32555	with imaging guidance
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance
32557	with imaging guidance

## TRANSITIONAL CARE MANAGEMENT SERVICES

99495	Transitional Care Management Services with the following required elements: <ul style="list-style-type: none"><li>• Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge</li><li>• Medical decision making of at least moderate complexity during the service period</li><li>• Face-to-face visit, within 14 calendar days of discharge</li></ul>
99496	Transitional Care Management Services with the following required elements: <ul style="list-style-type: none"><li>• Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge</li><li>• Medical decision making of high complexity during the service period</li><li>• Face-to-face visit, within 7 calendar days of discharge</li></ul>



# NEW CPT CODES 2013

## Quick Reference

Medical Billing Resources provides outsourced medical billing, certified coding, and practice management services to office-based medical practices.

This reference guide isolates codes added to the CPT code set for 2013. Many other changes were also made to the code book, including guideline modifications and code deletions.

It is advisable to review your practice's code set and fee schedule regularly to remain compliant with regulatory changes and to ensure you are collecting the maximum allowable reimbursement for your services.

Our certified coders work closely with our clients to ensure charts are fully documented and physicians are continually updated on current coding guidelines in order to capture all allowable reimbursements.

Have *your* fee schedules and code sets been updated? Please contact us for a complimentary billing analysis, and we will help you find missing or updated codes, make fee schedule recommendations, and advise on compliance issues.

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*Note: This guide is a summary of codes added to the CPT code set for 2013, and should not be used as a principal source of coding information. Many of these codes carry additional use guidelines and restrictions. Always confer with a Certified Professional Coder or other qualified individual when choosing which codes to use on specific medical claims for specific encounters.*



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# CARDIOLOGY, CARDIOVASCULAR MEDICINE & CARDIOVASCULAR SURGERY

## Aortic Valves

- 33361 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach
- 33362 open femoral artery approach
- 33363 open axillary artery approach
- 33364 open iliac artery approach
- 33365 transaortic approach (eg, median sternotomy, mediastinotomy)
- 33367 (add on with 33361-33365, 03187) cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg femoral vessels (List separately in addition to code for primary procedure)
- 33368 (add on with 33361-33365-03187) cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, Femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)
- 33369 (add on with 33361-33365, 03187) cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)

## Cardiac Assist

- 33990 Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only
- 33991 both arterial and venous access, with transseptal puncture
- 33992 Removal of percutaneous ventricular assist device at separate and distinct session from insertion
- 33993 Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion

## Vascular Injection Procedures

- 36221 Non-selective catheter placements, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/r intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
- 36222 Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
- 36223 Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed
- 36224 Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed
- 36225 Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed

- 36226 Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
- 36227 (add on with 36222, 36223, 36224) Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
- 36228 (add on with 36224, 36226) Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)

## Transcatheter Procedures

- 37197 Transcatheter retrieval, percutaneous, of intravascular foreign body (eg fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed
- 37211 Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day
- 37212 Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day
- 37213 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed
- 37214 cessation of thrombolysis including removal of catheter and vessel closure by any method

## Coronary Therapeutic Services and Procedures

- 92920 Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
- 92921 (add on with 92920, 92924, 92928, 92933, 92937, 92941, 92943) each additional branch of a major coronary artery (List separately in addition to code from primary procedure)
- 92924 Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
- 92925 (add on with 92924, 92928, 92933, 92937, 92941, 92943) each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
- 92928 Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
- 92929 (add on with 92928, 92933, 92937, 92941, 92943) each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
- 92933 Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single

- major coronary artery or branch
- 92934 (add on with 92933, 92937, 92941, 92943) each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
- 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 (add on with 92937) each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)
- 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 on chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel
- 92944 (add on with 92924, 92928, 92933, 92937, 92941, 92943) each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)

## Intracardiac Electrophysiological Procedures & Studies

- 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 or 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 (add on with 93653, 93654, 93656) Intracardiac catheter 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 (List separately in addition to code for primary procedure)
- 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 (add on with 93656) 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 (List separately in addition to code for primary procedure)