

# 2011 CPT CHANGES

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# Table of Contents

- [Evaluation and Management](#)
- [Integumentary System](#)
- [Gastroenterology](#)
- [Genitourinary](#)
- [Ophthalmology](#)
- [Pathology](#)
- [Otorhinolaryngology](#)
- [Cardiology](#)

# EVALUATION AND MANAGEMENT

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# Evaluation and Management Changes Subsequent Observation Care

- **Problem with Initial Observation Care Only**
  - Confusing reporting the 2<sup>nd</sup> day when held over to three (3) calendar days.
    - Office and Other Outpatient E/M in a “hospital” setting
    - Administration of Insurance Benefits (office visit copays)
  - **Solution**
- Create codes that match subsequent hospital care for observation setting.

# Subsequent Observation Care Codes

- **99224- Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:**
  - Problem focused interval history
  - Problem focused examination
- Medical decision making that is straightforward or of low complexity
  - Counseling and/or coordination of care.....
- Usually, the patient is stable, recovering, or improving. Physicians typically spend **15 minutes** at the bedside and on the patient's hospital floor or unit.
  - *Work RVU=0.54*

# Subsequent Observation Care Codes

- **99225- Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:**
  - An expanded problem focused interval history
  - An expanded problem focused examination
  - Medical decision making of high complexity
- **Counseling and/or coordination of care.....**
- Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend **25 minutes** at the bedside and on the patient's hospital floor or unit.

# Subsequent Observation Care Codes

- **99226- Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components:**
  - A detailed interval history
  - A detailed examination
  - Medical decision making of high complexity
- **Counseling and/or coordination of care.....**
  - Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend **35 minutes** at the bedside and on the patient's hospital floor or unit.

# Subsequent Observation and Hospital

Observation	Key Components (2/3) Time	Inpatient	Key Components (2/3) Time
99224	PF/PF/SF-L 15	99231	PF/PF/SF-L 15
99225	EPF/EPF/M 25	99232	EPF/EPF/M 25
99226	D/D/H 35	99233	D/D/H 35

# New! CMS-Annual Visit (AWV)

Sect. 4103 of AcA- allows coverage & payment for an annual wellness visit after 01/01/2011 for an individual who is more than 12 months out from the effective date of his/hers 1<sup>st</sup> Medicare Part B coverage period, and hasn't received either an IPPE or an annual wellness visit within the past 12 months.

- **G0438-** Annual Wellness Visit, Personalized Prevention Plan, first visit, 2.43 work RVU's, 2.14 non-facility PE RVU's
- **G0439-** AW, PPP, subsequent visit, 1.50 work RVU's, 1.59 non-facility PE RVU's

**Use- 25 Modifier if a separately identifiable E/M service is provided on the same day. AWV is paid under the PFS, not OPFS.**

# New! CMS-Annual Wellness Visit (AWV)

The visit includes a health risk assessment (HRA) and creates a personalized prevention plan (PPP). A PPP includes:

- 1-established or update an individual medical and family history
- 2-list of current providers and suppliers and medications prescribed for the individual
- 3-measurement of height, weight, BMI or waist circumference, BP
- 4-detection of any cognitive impairment, establish or update an appropriate screening schedule for the next 5-10 years
  - 5-voluntary advance care planning
- 6-establish or update list of risk factors and condition (including mental health condition)
- 7-furnishing of personalized health advice and referral as appropriate, to health education or prevention counseling services or programs
- CMS will add depression screening and functional status screening as elements of the 1<sup>st</sup> annual wellness visit only.

# New! CMS-Annual Wellness Visit (AWV)

- This benefit is not subject to the “incident to” rules.
- This visit may be performed by a “team of medical professionals working under the supervision of a physician” it is the supervising physician who would bill Medicare for the visit.
- This visit would be furnished under “direct supervision” of a physician

# Immunization Administration for Vaccines/Toxoids

Codes 90465, 90466, 90467, 90468 deleted and replaced with new immunization administration codes 90460 and 90461 for patients 18 years of age and under who receive counseling.

- 90460- immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component. *Work RVU= 0.15*
- 90461- each additional vaccine/toxoid component (List separately in addition to code for primary procedure)  
*Work RVU= 0.15*

## 90460 and 90461 (counseling) vs. 90472-90474 (without counseling or over 18)

- Use 90460 for each vaccine administered
- For vaccines with multiple components (combination vaccines), report 90460 in conjunction with 90461 for each additional component in a given vaccine.

- Rationale:

Each component requires specific counseling and we did not want to have disincentives to the use of combination vaccines.

The work of counseling issue does not apply to 90471-90474: they remain per vaccine and by route of administration.

# 2009 H1N1 Flu Pandemic

H1N1 Pandemic Vaccine and Administration Codes 90663 and 90670 posted to the AMA website in July of 2009

- 90663- Influenza virus vaccine, pandemic formulation, H1N1
- 90470- H1N1 immunization administration (intramuscular, intranasal), including counseling when performed.

# 1 New Vaccine Product Code Added

- 90644- Meningococcal conjugate vaccine, serogroups C & Y Hemophilus influenza B vaccine, tetanus toxoid conjugate (Hib-MenCY-TT), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use.

# INTEGUMENTARY SYSTEM

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# Changes in the Integumentary System

## Debridement

- (11040, 11041 have been deleted)
- (For debridement of skin, i.e., epidermis and/or dermis only, see 97597, 97598)
- 11043-Debridement, skin, subcutaneous tissue, and muscle and/or facia (includes epidermis, dermis and subcutaneous tissue, if performed); first 20 sq. cm or less.
- \*11046-each additional 20 sq. cm, or part thereof (List separately in addition to code for primary procedure)
- (Use 11046 in conjunction with 11043)

# Debridement

- 11043 and 11044 identified as site-of-service anomaly and 11044 surveyed by non-dominant specialty.
  - Entire family reviewed.
- 11040 and 11041 deleted; codes 97597 and 97598 revised.

# Debridement

- 11044 Debridement, skin, subcutaneous tissue, muscle, and bone (including epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq. cm or less.
- \*11047 each additional 20 sq. cm, or part thereof (List separately in addition to code for primary procedure)
  - (Do not report 11042-11047 in conjunction with 97597-97602 for the same wound)
    - Use 11047 in conjunction with 11044

# Active Wound Care Management

- *Active wound care procedures are performed to remove devitalized and/or necrotic tissue and promote healing. Provider is required to have direct (one-on-one) patient contact.*
- *(Don not report 97597-97602 in conjunction with 11042-117047 for the same wound)*
  - *(For debridement of burn wounds, see 16020-16030)*

# Active Wound Care Management Cont'd

- 97597- Debridement (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (e.g., fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), ~~Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without including topical application(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area; less than or equal to first 20 sq. cm~~ or less.

# Active Wound Care Management

○ 97598- ~~Total wound(s) surface area greater than~~  
each additional 20 sq. cm, or part thereof (List separately  
in addition to code for primary procedure)

- (Use 97598 in conjunction with 97597)

# Active Wound Management

## Rationale

- In support of the changes in the Debridement subsection, the Active Wound Care Management codes 97597, 97598 were also revised to reflect the spectrum of debridement at the surface levels while still accounting for the area. Reference to anesthesia services were also removed since services can be supplied regardless of anesthesia services.

# GASTROENTEROLOGY

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# Changes in Gastroenterology Surgical System

## **Incomplete Colonoscopy: 2011 clarification**

- ~~• For an incomplete colonoscopy, with full preparation for a colonoscopy, use a colonoscopy code with the modifier 52 and provide documentation.~~
- When performing an endoscopy on a patient who is scheduled and prepared for a total colonoscopy, if the splenic flexure, due to unforeseen circumstances, report the colonoscopy code with modifier 53 and appropriate documentation.
- Applies to all payers: Medicare and commercial.

# GENITOURINARY

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# Changes to Genitourinary Surgical System

## Urinary System Changes 2011

- **53860- Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence.**

### Rationale

- Category III code 0193T, which described transurethral radiofrequency micro-remodeling for stress urinary incontinence, has been deleted and converted to..
- Category I status. Code 53860 has been established to report the procedure without modifying the description of the procedure. An instructional parenthetical note has been added in the Category III section directing users to code 59860 to report the procedure.

# OPHTHALMOLOGY

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# Changes to Ophthalmology Surgical System

## Ophthalmology New Code Categories Glaucoma

- 2 new codes to represent canaloplasty
- 66174- Transluminal dilation of aqueous outflow canal; without retention of device or stent.
  - 66175- with retention of device or stent

# Iridotomy/Iridectomy

- 66761- Iridotomy/iridectomy by laser surgery (e.g.. For glaucoma) (**Per session**)

# Ophthalmology in Medicine Section

## Diabetic Retinopathy imaging

- 92227- Remote imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
  - (Do Not report 92227 in conjunction with 92002-92014, 92133, 92134, 92250, 92228 or with the evaluation and management of the single organ system, the eye 99201-99350)
- 92228- Remote imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation and report unilateral and bilateral.
  - (Do Not report 92228 in conjunction with 92002-92014, 92133, 92134, 92250, 92227 or with the evaluation and management of the single organ, the eye, 99201-99350)

# PATHOLOGY

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# Changes to Pathology

## **Chemistry**

- 84112- placental alpha microglobulin-1 (PMG-1), cervicovaginal secretion, qualitative.

# OTORHINOLARYNGOL OGY

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# Otorhinolaryngologic Changes in Medicine Section

## **Medicine/Special Otorhinolaryngologic Services/Audiologic Function Tests Audiometry Codes Cross-reference**

- 92551- Screening test, pure tone, air only
- 92557- Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)

(For hearing aid evaluation and selection, see 92590-92595)

(For automated audiometry, see 0208T-0212T)

# Medicine/Special Ortorhinolaryngologic Services

## Vestibular Function Tests, With Recording (e.g.. ENG)

- 92540- Basic vestibular evaluation....
- 92541- Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording.
  - (Don Not report 92541 in conjunction with 92540 or the set of 92542, 92544, and 92545)
- 92542- Positional nystagmus test, minimum of 4 positions, with recording.
  - (Do Not report 92542 in conjunction with 92540 or the set of 92541, 92544, and 92545)

# Medicine/Special Ortorhinolaryngologic Services

- 92544 Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
  - (Do Not report 92544 in conjunction with 92540 or the set of 92541, 92542, and 92545)
- 92454-Oscillating tracking test, with recording
  - (Do Not report 92545 in conjunction with 92540 or the set of 92541, 92542, and 92544)

# CARDIOLOGY

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# Changes in Cardiovascular Surgical System

## Primary Codes

	PTA	Stent	Atherectomy	Atherectomy Stent
Iliac	37220	37221		
Femoral /Popliteal	37224	37226	37225	37227
Tibial/ Peroneal	37228	37230	37229	37231

Add on  
Codes

	PTA	Stent	Atherectomy	Atherectomy Stent
Iliac	27222	27223		
Tibial/ Peroneal	37232	37234	37233	37235

# Changes

- **Surgery code (3XXXX) and radiology supervision and interpretation code (7XXXX) are bundled**
- **Open & percutaneous therapies- same coding**
  - **Catheterization codes**
    - Bundled for category I LE endovascular intervention.
    - NOT bundled for Cat III supra-inguinal atherectomy.
  - Any additional catheterization solely for diagnostic purposes is NOT bundled.
- **Initial diagnostic angiography is not included**

# Iliac

<u>Therapy</u>	<u>Base Code</u>	<u>Add-on Code</u>
PTA	37220	+37222
Atherectomy with or without PTA	N/A	N/A
Stent with or without PTA	37221	+37223
Stent & atherectomy with or without PTA	N/A	N/A

# Femoropopliteal

<u>Therapy</u>	<u>Base Code</u>	<u>Add-on Codes</u>
PTA	37224	N/A
Atherectomy with or without PTA	37225	N/A
Stent with or without PTA	37226	N/A
Stent & atherectomy with or without PTA	37227	N/A

# Tibial/Peroneal

<u>Therapy</u>	<u>Base Code</u>	<u>Add-on Codes</u>
PTA	37228	+37232
Atherectomy with or without PTA	37229	+37233
Stent with or with out PTA	37230	+37234
Stent & atherectomy with or without PTA	37231	+37235

# Cardiology in Medicine Section

## External Cardiovascular Device Monitoring Code Deletions

### **Cardiology**

Telephonic transmission codes 93012 and 93014 have been deleted. Telephonic transmission services are now reported with coeds 93268-93272, which have been revised to include remote download up to 30 days.

The cardiovascular monitoring services guidelines have been revised and relocated to a new section titled Cardiovascular Monitoring Services.

- (93012, 93014 have been deleted. To report telephonic transmission of post-symptom electrocardiogram rhythm strips, see 93268-93272)

# External Cardiovascular Device Monitoring

## Holter monitor code changes

- 93224 External ~~Wearable~~ electrocardiographic rhythm derived monitoring for 24 hours recording up to 48 hours by continuous original waveform rhythm recording and storage, ~~with visual superimposition scanning~~; includes recording, scanning analysis with report, physician review and interpretation.
- 93225 recording (includes connection, recording and disconnection).
  - 93226 scanning analysis with report
  - 93227 (~~Do Not report 93224 in conjunction with 93225, 93226, 93227~~)
  - (For less than 12 hours of continuous recording, use modifier 52)

# External Cardiovascular Device Monitoring

## Mobile cardiovascular telemetry

- External ~~wearable~~ mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; physician review and interpretation with report.

*(report 93228 only once per 30 days)*

- 93229 Technical support for connection and patient instructions for use, attended surveillance, analysis and physician prescribed transmission of daily and emergent data reports.

*(report 93229 only once per 30 days)*

- (Do Not report 93229 in conjunction with ~~93014-93224, 93227~~).
- (For External ~~wearable~~ cardiovascular monitors that do not perform automatic ECG triggered transmissions to an attended surveillance center, see 92334-93227, 93268-93272, 93230, 93272)
- (93230-93237 have been deleted. To report external electrocardiographic rhythm derived monitoring for up to 48 hours, see 93224-93227)

# Cardiac Catheterization

Deletion and retention of prior catheterization codes

- **93505- Endomyocardial biopsy**
- (93501, 93508-93529 have been deleted. To report see, 93451-93461).
- **93530- Right heart catheterization, for congenital cardiac anomalies.**

**Current codes for cardiac catheterization of congenital heart patients (93530-93533) remain active.**

# New Cardiac Catheterization Codes

- **93451- Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed.**
  - (Do not report 93451 in conjunction with 93453, 93456, 93457, 93460, 93461).
- **93452- Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed.**
  - (Do Not report 93452 in conjunction with 93451, 93458-93461).
- **93453- Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed.**
  - (Do Not report 93453 in conjunction with 93451, 93452, 93456-93461).

# New Cardiac Catheterization Codes

- **93454-** Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;
- **93455-** with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography.
  - **93456** with right heart catheterization
- **93457-** with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization.
- **93458-** with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed.

# New Cardiac Catheterization Codes

- **93459** -with left catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography.
- **93460**- with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed.
- **93461**- with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography.

# New Cardiac Catheterization Codes

- **93462 -Left heart catheterization by transseptal puncture through intact septum or by transapical puncture(List separately in addition to code for primary procedure)**
  - (Use 93462 in conjunction with 93452, 93453, 93458-93461, 93651, 93652)
- **Pharmacologic agent administration (e.g., inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent), including assessing hemodynamic measurements before, during after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure).**
  - (Use 93463 in conjunction with 93451-93453, 93456-93461, 93530-93533)
  - (Report 93463 only once per catheterization procedure)
  - (Do Not report 93463 for pharmacologic agent administration in conjunction with coronary interventional procedure codes 92975, 92977, 92980, 92982, 92995)

# New Cardiac Catheterization Codes

- **93464- Physiologic exercise study (e.g., bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)**
  - (Use 93464 in conjunction with 93451-93453, 93456-93461, 93530-93533)
  - (Report 93464 only once per catheterization procedure)
  - (for pharmacologic agent administration, use 93463)

## New injection, imaging supervision, interpretation, and report codes for congenital heart catheterization

- **93563-** injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)
- **93564-** for selective opacification of aortocoronary venous or arterial bypass graft(s) (e.g., aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (e.g., internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure).

## Additional new injection, imaging supervision, interpretation, and report codes

- **93565- for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)**
  - (Do Not report 93563-93565 in conjunction with 93452-93461)
    - (Use 93563-93565 in conjunction with 93530-93533)
- **93566- for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)**
- **93567- for supraaortic aortography (List separately in addition to code for primary procedure)**
- **93568- for pulmonary angiography (List separately in addition to code for primary procedure)**
  - (Use 93566-93568 in conjunction with 93530-93533, 93451-93461)

# Left heart catheterization, coronary, angiography, left ventriculography

## **Currently-Five codes**

## **2011-One code**

- 93510 (LHC)
- 93543 (LV injection)
- 93545 (coronary injection)
- 93555 (LV S+I)
- 93556 (coronary S+I)

94358

# Cardiac Catheterization cont'd.

- **93451- Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed.**

New CPT Code	Current Procedures to be Bundled	Current Codes to be Bundled	Current Work RVU	2011 Work RVU
93451	RHC	93501	3.02	2.72
R ht				

# Cardiac Catheterization cont'd.

- **93452- Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

New CPT Code	Current Procedures to be Bundled	Current Codes to be Bundled	Current Work RVU	2011 Work RVU
93452	LHC	93510	4.32	
L ht	LV injection	93543	0.145	
	S&I for LV angio	93555	0.81	
		<b>Total</b>	<b>5.275</b>	<b>4.75</b>

# Cardiac Catheterization cont'd.

- **93453- Combined right and left** heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed.

New CPT Code	Current Procedures to be Bundled	Current Codes to be Bundled	Current Work RVU	2011 Work RVU
93453	RLHC	93526	5.98	
R ht	LV injection	93543	0.145	
L ht	S&I for LV angio	93555	0.81	
		<b>Total</b>	<b>6.935</b>	<b>6.24</b>

# Cardiac Catheterization cont'd.

- **93454- Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;**

New CPT Code	Current Procedures to be Bundled	Current Codes to be Bundled	Current Work RVU	2011 Work RVU
93454	Cor Angio	93508	4.09	
Cor		93545	0.4	
		93556	0.83	
		<b>Total</b>	<b>5.32</b>	<b>4.79</b>

# Cardiac Catheterization cont'd.

- **93455- Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;** with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography.

New CPT Code	Current Procedures to be Bundled	Current Codes to be bundled	Current Work RVU	2011 Work RVU
93455	Cor Angio	93508	4.09	
Cors	Cor Injection	93545	0.4	
Grafts	S&I Cor Injection	93556	0.83	
	Inject Arterial Condui	93539	0.4	
	Inject SVG's	93540	0.43	
		<b>Total</b>	<b>6.15</b>	<b>5.54</b>

# Cardiac Catheterization cont'd.

- **93456- Catheter placement on coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization.**

New CPT Code	Current Procedures to be Bundled	Current Codes to be Bundled	Current Work RVU	2011 Work RVU
93456	Cor Angio	93508	4.09	
Cors	Cor Injection	93545	0.4	
R ht	S&I Cor Injection	93556	0.83	
	RHC	93501	1.51	
		<b>Total</b>	<b>6.83</b>	<b>6.15</b>

# Cardiac Catheterization cont'd.

- **93457- Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;** with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization

New CPT Code	Current Procedures to be Bundled	Current Codes to be Bundled	Current Work RVU	2011 Work RVU
93457	Cor Angio	93508	4.09	
Cor	Cor Injection	93545	0.4	
Grafts	S&I Cor Injection	93554	0.83	
R ht	Inject Arterial Condui	93539	0.4	
	Inject SVG's	93540	0.43	
	RHC	93501	1.51	
		<b>Total</b>	<b>7.66</b>	<b>6.89</b>

# Cardiac Catheterization cont'd.

- **93458- Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;** with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed

New CPT Code	Current Procedures to be Bundled	Current Codes to be Bundled	Current Work RVU	2011 Work RVU
93458	Cor Injection	93545	0.4	
L ht	S&I Cor Injection	93556	0.83	
Cors	LHC	93510	4.32	
	LV Injection	93543	0.145	
	S&I for LV Angio	93555	0.81	
		<b>Total</b>	<b>6.505</b>	<b>5.85</b>

# Cardiac Catheterization cont'd.

- **93459- Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;** with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with

New CPT Code	Current Procedures to be Bundled	Current Codes to be Bundled	Current Work RVU	2011 Work RVU
93459	Cor Injection	93545	0.4	
L ht	S&I Cor Injection	93556	0.83	
Grafts	LHC LV Injection	93510	4.32	
Cors		93543	0.145	
	S&I for LV Angio	93555	0.81	
	Inject Arterial	93439	0.4	
	Condui			
	Inject SVG's	93450	0.43	
		<b>Total</b>	<b>7.335</b>	<b>6.6</b>

# Cardiac Catheterization cont'd.

- **93460- Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;** with right and left heart catheterization including intraprocedural injection(s) for left ventriculography. When performed.

New CPT Code	Current Procedures to be Bundled	Current Codes to be Bundled	Current Work RVU	2011 Work RVU
93460	Cor Injection	93545	0.4	
L ht	S&I Cor Injection	93556	0.83	
Cors	LV Injection	93543	0.145	
R ht	S&I for LV Angio	93555	0.81	
	RLHC	93526	5.98	
		<b>Total</b>	<b>8.165</b>	<b>7.35</b>

# Cardiac Catheterization cont'd.

- **92461- Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;** with right and left heart catheterization including intraprocedural injection(s) for left ventriculography. When performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiogram

New CPT Code	Current Procedures to be Bundled	Current Codes to be Bundled	Current Work RVU	2011 Work RVU
93461	Cor Injection	93545	0.4	
L ht	S&I Cor Injection	93556	0.83	
R ht	LV Injection	93543	0.145	
Cors	S&I for LV Angio	93555	0.81	
Grafts	RLHC	935296	5.98	
	Inject Arterial Condui	93539	0.4	
	Inject SVG's	93540	0.43	

# Neurology and Neuromuscular Procedures in Medicine System

## Special EEG Tests

- **95953 Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended.**
- **95956 Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse.**

# Cath Codes

# Cath Codes Cont'd