Coding Corner

Changes coming Jan. 1 to CPT codes for surgical, medical services

from the AAP Division of Health Care Finance and Practice Improvement

Editor’s note: This is the second article on Current Procedural Terminology (CPT) coding changes for 2014.

Several changes to the surgical and medicine sections of the CPT manual may impact pediatricians and pediatric subspecialists. Listed below are the CPT code changes for 2014 for medical and surgical services that may be commonly rendered to the pediatric population. It is important to review the CPT manual for additional changes that may affect your practice and for further information on these changes.

- New code
- Add-on code
- Revised code
- Revised text

Underline denotes new language

Removal of impacted cerumen

▲ 69210 Removal of impacted cerumen (separate procedure) requiring instrumentation, 1 or both ears unilateral

A revision to code 69210 makes this code specific to a unilateral procedure with instructions to append modifier 50 when performed bilaterally. The code descriptor no longer includes “one or both ears” and specifies that the code is reported for removal of impacted cerumen using instrumentation. A parenthetic instruction advises to report removal of cerumen that is not impacted or does not require instrumentation with an appropriate evaluation and management code.

Evaluation of speech, language and hearing

- 92521 Evaluation of speech fluency (e.g., stuttering, cluttering)
- 92522 Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria);
- 92523 Evaluation of language comprehension and expression (e.g., receptive and expressive language)
- 92524 Behavioral and qualitative analysis of voice and resonance

Code 92506 has been deleted for 2014. New codes 92521-92524 delineate services for evaluation of speech production, receptive language and expressive language abilities through observation and assessment of performance.

Percutaneous transcatheter closure of patent ductus arteriosus

● 93582 Percutaneous transcatheter closure of patent ductus arteriosus

This new code includes moderate sedation (●) as well as right and left heart catheterization for congenital cardiac anomalies, catheter placement in the aorta and aortic arch angiography.

Anogenital examination

▲ 99170 Anogenital examination, with colposcopic magnification, in childhood for suspected trauma, including image recording when performed

Code 99170 is revised for 2014 to describe the procedure more appropriately as well as capture of digital imaging for legal recording/documentation. Report moderate sedation (99143-99150) separately when performed.

Automated visual evoked potential

● 0333T Visual evoked potential, screening of visual acuity, automated

Code 0333T is added as a new Category III code (new or emerging technology) to differentiate visual evoked potential testing used in a limited or screening technique from a more comprehensive visual evoked potential testing of the central nervous system with physician interpretation (95930). Code 0333T is used to report testing with an automated screening device that includes an instrument-based algorithm with a pass/fail result. This code may be reported for dates of service on and after July 1, 2013.
Pupillometry

• **0341T** Quantitative pupillometry with interpretation and report, unilateral or bilateral

Published to the CPT Category III on July 1, 2013, was new code 0341T, which will be implemented on Jan. 1, 2014, for reporting unilateral or bilateral quantitative pupillometry. This service involves use of a handheld pupillometer to measure the reactivity of the pupils with physician or other qualified health care professional interpretation and report.

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