



# **COPAM 2011 ANNUAL UPDATE**

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# AGENDA

- CPT Update for 2011
- HCPCS Update for 2011
- OPPS Update for 2011



# 2011

- CPT
  - Adds 212
  - Deletions 110
  - Changes 92
  
- HCPCS
  - Adds 147
  - Deletions 286
  
- TOTAL = 847



# Largest Number of Changes

Pharmacy

Interventional Radiology

Cardiac Catheterization

Wound Care



# Appendix

- B – Summary of Additions, Deletions, Revisions
- G – Codes that Include Conscious Sedation ☉
- M – Deleted CPT Codes including Year Deleted
- N – Re-sequenced CPT Codes (43 in 2011)



# Pharmacy

- Report Charges for all Drugs, Biologicals, Radiopharm Regardless if Packaged or Paid Separately
- Be CERTAIN that Units of Service of the Billed HCPCS are Consistent with the Dosage Listed in the HCPCS Level II



# Vaccines

## ■ CPT adds

90644 Meningococcal conjugate

90654\* Influenza virus, intradermal, split virus

90664 Influenza, pandemic, intradermal

90666 Influenza, pandemic, IM

90667 Influenza, pandemic, split virus, adj  
IM

90668 Influenza, pandemic, split virus, IM



# Pharmacy

- Add (RC 636)

J2426 – Paliperidone Palmitate, 1 mg

J7312 – Dexamethasone, Intravitreal, .1 mg

J3095 – Televancin, 10 mg

- Delete

C9255

C9256

C9258



# Pharmacy

- Add (RC 636)

J9307 – Pralatrexate inj, 1 mg

J9302 – Ofatumumab inj, 10 mg

- Delete

C9259

C9260



# Pharmacy

- Add (RC 636)

J3357 – Ustekinumab inj, 1 mg

J1290 – Ecallantide inj, 1 mg

J3262 – Tocilizumab inj, 1 mg

J9315 – Romidepsin inj, 1 mg

J0775 – Collagenase, clost, .01 mg

- Delete

C9261

C9263

C9264

C9265

C9266 = .1 mg



# Pharmacy

- Add (RC 636)

J7184 – Vonwillebrand Factor

J7335 – Capsaicin 8% patch

J0597 – C-1 Esterase 10 U

J3385 – Velaglucerase inj, 100 U

- Delete

C9267

C9268

C9269

C9271

J0128 Abarelex 10 mg (no repl)



# Pharmacy

- Add (RC 636)

J0171 – Adrenalin Epine, .1 mg

J0558 – Penicillin G Benz & Procaine,  
100,000 U

J0561 – Penicillin G, 100,000 U

- Delete

J0170 up to 1 ml ampule

J0559 2,500 U

J0560 up to 600,000 U

J0570 up to 1,200,000 U

J0580 up to 2,400,000 U



# Pharmacy

- Exist (RC 636)

J1380 – Inj Estradiol Valerate,  
up to 10 mg

- Delete

J0970 up to 40 mg

J1390 up to 20 mg



# Pharmacy

- Exist (RC 636)

J1460 – Inj Gamma Globulin IM 1 cc

- Delete

J1470 2cc

J1480 3 cc

J1490 4 cc

J1500 5 cc

J1510 6 cc

J1520 7 cc

J1530 8 cc

J1540 9 cc

J1550 10 cc



# Pharmacy

- New (RC 636)

J1786 – Imiglucerase inj 10 U

J1826 – Interferon Beta-1A inj 30 mcg

J2320 – Nandrolone, 50 mg

J9060 – Cisplatin 10 mg

- Delete

J1785, per U

J1825, 33 mcg

J2321, up to 100 mg

J2322, up to 200 mg

J9062, 50 mg



# Pharmacy

- Exist (RC 636)

J9070 – Cyclophosphamide, 100 mg

- Delete

J9080, 200 mg

J9090, 500 mg

J9091, 1 g

J9093, Lyophilized, 100 mg

J9094, Lyophilized, 200 mg

J9095, Lyophilized, 500 mg

J9096, Lyophilized, 1 g

J9097, Lyophilized, 2 g



# Pharmacy

- Exist (RC 636)

J9100 – Inj Cytarabine, 100 mg

J9130 – Dacarbazine 100 mg inj

J9280 – Mitomycin, 5 mg inj

- Delete

J9110, 500 mg

J9140, 200 mg

J9290, 20 mg

J9291, 40 mg



# Pharmacy

- New (RC 636)

J9351 – Topotecan, inj .1 mg

J8562 – Fludarabine, 10 mg

- Exist (RC 636)

J9370 – Vincristine Sulf, 1 mg

- Delete

J9350 4 mg

J9375 2 mg

J9380 5 mg

Q2025 1 mg



# Pharmacy

- New (RC 636)

Q2035 – Afluria vacc, IM

Q2036 – Flulaval vacc, IM

Q2037 – Fluvirin vacc, IM

Q2038 – Fluzone vacc, IM

Q2039 – NOS flu vacc, IM

CPT 90658 for non-Medicare



# Pharmacy

- New (RC 636)

J2358 – Olanzapine, 1 mg

J7196 – Antithrombin inj, 50 IU

J7309 – Mal (topical), 1g

J7686 – Treprostinil, 1.74 mg

J0638 – Canakinumab inj, 1 mg

J1559 – Hizentra, 100 mg

J1599 – Immune Globulin, 500 mg



# Pharmacy

- New (RC 636)

C9274 – Ovine, 1 vial

C9275 – Hexaminolevulinate inj, 100 mg

C9276 – Cabazitaxel inj, 1 mg

C9277 – Alglucosidase, 1 mg

C9278 – Incobotulinum, 1 U

C9279 – Ibuprofen inj, 100 mg



# Cardiac Catheterization

- 2011 Procedure Codes go from many to 1-2 codes
- Codes built on Hierarchies
  - Intense Services Include Lesser Services
- Coding Advice Printed in front of the Section
- Approach for Cath does not Matter
  - Percutaneous
  - Cut-Down



# Cardiac Catheterization

- 2 Code Families
  - Congenital Heart Disease
  - Other Conditions



# Cardiac Catheterization

- Congenital Heart Disease
  - CPT Codes 93530-93533
    - No Change in Codes/  
Descriptions
  
- Other Conditions
  - All New CPT Codes
  - Recommend: Delete 2010 codes
  - New Codes have the Same Info, but all Inclusive code



# Cardiac Catheterization

Ex: Left Heart Cath (CPT  
Code 93452-93461) include:

Contrast Injection

Supervision/Interpretation

Report on Imaging

CPT 93452, Left Heart Cath in  
2011 includes:

Injection

Supervision/Interpretation



# Cardiac Catheterization

In 2010, Several Codes

Be sure the Total Charge for  
the Included Services are  
Listed on the Heart Cath CPT  
Code

Ex:

2011 \$8,250

2010 Several components = \$8,250



# Cardiac Catheterization

## New Codes

93451 – Right Heart Cath

93452 – Left Heart Cath, incl inj, S/I

93453 – Combined Right/Left Heart  
Cath incl inj, S/I

93454 – Catheter Placement for  
Angiography incl inj, S/I

93455 – w/Catheter Placement

93456 – w/Right Heart Cath

93457 – w/Catheter Placement and  
Right Heart Cath



# Cardiac Catheterization

## New Codes (cont.)

93458 – w/Left Heart Cath

93459 – w/Left Heart Cath and  
Catheter Placement

93460 – w/Right and Left Heart  
Cath

93461 – w/Right and Left Heart  
Cath and Catheter  
Placement

+93462 – Left Heart Cath by  
Transseptal Puncture

+93463 – Pharmacologic Agent

+93464 – Physiologic Exercise Study



# Injection Procedures

Includes:

Supervision/Interpretation  
Report on Imaging

Injection Proc for Cardiac Cath  
Included, NOT Included for  
Congenital Heart Disease

Not New

93561 – Indicator Dilution Study



# Injection Procedures

## New Codes:

- +93563 – Inj during Cardiac Cath  
incl S/I during  
Congenital Heart Cath
- +93564 – for Opacification of  
Bypass Graft
- +93565 – for Left Angiography
- +93566 – for Right Angiography
- +93567 – for Supravalvular  
Aortography
- +93568 – for Pulmonary  
Aortography



# Wound Care

In 2011, Skin = Epidermis, Dermis

Partial Thickness do NOT extend Dermis  
Full Thickness extends thru Dermis

Deleted in 2011:

11040 – Partial Thickness Debridement

11041 – Full Thickness Debridement

CPT

97597 Revised – Debridement, Open  
Wound, First 20 sq cm or less

+97598 Revised – Each Addtl 20 sq cm



# Wound Care

In 2011, Debridement Codes Revised,  
New 11010-11047

11042 – Debridement, subq Tissue first  
20 sq cm

+11045 – each addtl 20 sq cm (**new**)

11043 – Debridement, Muscle/Fascia,  
first 20 sq cm

+11046 – each addtl 20 sq cm (**new**)

11044 – Debridement, Bone, first  
20 sq cm

+11047 - each addtl 20 sq cm (**new**)



# Wound Care

Review Guidelines for  
Application of Skin  
Replacements and Skin  
Substitutions (CPT Codes  
15100-15431)

- Code Selected Based on  
Type of Skin Replacement/  
Substitute
- Not Intended to be Used for  
Simple Graft Application



# Interventional Radiology

Now Called Endovascular  
Revascularization

- Open or Percutaneous
- Transcatheter

Families Gone; Now Territories

Approach (Open/Percutaneous)  
not Important

Atherectomy Codes in 2010 CPT  
35480-35490 have been Deleted.  
Use 37225-37235. Use T Codes



Coding Advice is in CPT Book

# Interventional Radiology

## 3 Territories

- Iliac
- Femoral/Popliteal
- Tibial/Peroneal

## Codes Include:

- Radiology Supervision/  
Interpretation
- Athrectomy, Angioplasty  
and Stenting



# Interventional Radiology

New

37220 – Revascularization,  
Iliac, Initial Vessel,  
Angioplasty

37221 – with Transluminal  
Stent

+37222 – ea addtl  
Ipsilateral Iliac  
Vessel

+37223 – with Stent  
in Same Vessel



# Interventional Radiology

37224 – Revascularization,  
Fem/Pop, Unilateral,  
Angioplasty

37225 – with Atherectomy,  
Angioplasty

37226 – w/Stent, incl  
Angioplasty

37227 – w/Stent and  
Atherectomy, incl  
Angioplasty



# Interventional Radiology

37228 – Revascularization,  
Tibial/Peroneal,  
Unilateral,  
Angioplasty

37229 – with Atherectomy,  
Angioplasty

37230 – w/Stent, incl  
Angioplasty

37231 – w/Stent and  
Atherectomy, incl  
Angioplasty



# Interventional Radiology

+37232 – Revascularization,  
Tibial/Peroneal, ea  
addtl Vessel  
w/Angioplasty

+37233 – with  
Atherectomy, incl  
Angioplasty

+37234 – w/Stent, incl  
Angioplasty

+37235 – w/Stent and  
Atherectomy, incl  
Angioplasty



# Interventional Radiology

Ex: Coding Guidelines

- When Treating Multiple Territories of same Leg, 1 Primary Lower Ext Code is Used for each Territory Treated
- When more than 1 Stent is Placed in the Same Vessel, Report the Code Once
- When both Legs are Treated during the Same Session, Use Modifiers



# Interventional Radiology

## New HCPCS Codes

0234T – Transluminal per  
Atherectomy, S/I,  
Renal Artery

0235T – Visceral Artery

0236T – Abdominal Artery

0237T – Brachiocephalic  
Trunk, ea Vessel

0238T – Iliac Artery



# Other

## Radiology

- New Codes

74176 – CT, Abdomen, Pelvis  
w/o Contrast

74177 – w Contrast

74178 – w/o Contrast,  
Follow w/Contrast



# Other

## Medicine

- New Codes

90460 – Immunization, thru  
18 yrs, first  
Vaccine/Toxoid

90461 – ea addtl Vaccine/  
Toxoid

90470 – H1N1 Admin



# Other

## Lab

- New Code

80104 – Drug Screen,  
Qualitative, Multiple  
Drug Classes other  
than  
Chromatographic, ea  
Procedure



# Other

## Sleep

95800 – Sleep Study  
Unattended and  
Sleep Time

95801 – Sleep Study  
Unattended



# Multiple Procedure Payment Reduction for Therapies

Medicare is Applying a Multiple Procedure Payment Reduction (MPPR) to Payment of Select Therapy Services Paid under MPFS.

Includes Multiple Codes Frequently Billed Together during a Single Encounter

Reduction is Similar to that Currently Applied to Multiple Surgical Procedures, Diagnostic Imaging Procedures



# Multiple Procedure Payment Reduction for Therapies

MPPR Applies to:

- Time Based Codes with 1 or more Unit for all Therapies
- Same Patient
- Same Calendar Date

In These Cases:

- Full Payment to Procedure with Highest PE Payment
- For Subsequent Procedure/Units, Payment 75% of PE Reduction is Made

Reduction Applies to HCPCS Codes Listed as "Always Therapy" Services



# Pass-Through Drugs/Biologicals 2011

42 Total

- 7 new HCPCS Codes
- 15 Changed HCPCS Codes

Payment is ASP + 6%



# Pass-Through Drugs/Biologicals 2011

TABLE 28—DRUGS AND BIOLOGICALS WITH PASS-THROUGH STATUS IN CY 2011

CY 2010 HCPCS code	CY 2011 HCPCS code	CY 2011 long descriptor	Final CY 2011 SI	Final CY 2011 APC
A9582 .....	A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 millicuries .....	G	9247
A9583 .....	A9583	Injection, gadofosveset trisodium, 1 ml .....	G	1299
C9250 .....	C9250	Human plasma fibrin sealant, vapor-heated, solvent-detergent (Artiss), 2 ml .....	G	9250
C9255 .....	J2426	Injection, paliperidone palmitate, extended release, 1 mg .....	G	9255
C9256 .....	J7312	Injection, dexamethasone intravitreal implant, 0.1 mg .....	G	9256
C9258 .....	J3095	Injection, telavancin, 10 mg .....	G	9258
C9259 .....	J9307	Injection, pralatrexate, 1 mg .....	G	9259
C9260 .....	J9302	Injection, ofatumumab, 10 mg .....	G	9260
C9261 .....	J3357	Injection, ustekinumab, 1 mg .....	G	9261
C9263 .....	J1290	Injection, ecallantide, 1 mg .....	G	9263
C9264 .....	J3262	Injection, tocilizumab, 1 mg .....	G	9624
C9265 .....	J9315	Injection, romidepsin, 1 mg .....	G	9625
C9266 .....	J0775	Injection, collagenase clostridium histolyticum, 0.01 mg .....	G	1340
C9267 .....	J7184	Injection, von Willebrand factor complex (human), Wilate, per 100 IU VWF: RCO. ....	G	9267
C9268 .....	J7335	Capsaicin 8% patch, per 10 square centimeters .....	G	9268
C9269 .....	J0597	Injection, C-1 Esterase inhibitor (human), Berinert, 10 units .....	G	9269
C9270 .....	C9270	Injection, immune globulin (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg. ....	G	9270
C9271 .....	J3385	Injection, velaglucerase alfa, 100 units .....	G	9271
C9272 .....	C9272	Injection, denosumab, 1 mg .....	G	9272
C9273 .....	C9273	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAPGM-CSF in 250 mL of Lactated Ringer's, including leukapheresis and all other preparatory procedures, per infusion. ....	G	9273
	C9274	Crotalidae polyvalent immune fab (ovine), 1 vial .....	G	9274
	C9275	Injection, hexaminolevulinate hydrochloride, 100 mg, per study dose .....	G	9275
	C9276	Injection, cabazitaxel, 1 mg .....	G	9276
	C9277	Injection, alglucosidase alfa (Lumizyme), 1 mg .....	G	9277
	C9278	Injection, incobotulinumtoxin A, 1 unit .....	G	9278
	C9279	Injection, ibuprofen, 100 mg .....	G	9279
C9360 .....	C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters. ....	G	9360
C9361 .....	C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 centimeter length. ....	G	9361
C9362 .....	C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc. ....	G	9362
C9363 .....	C9363	Skin substitute, Integra Meshed Bilayer Wound Matrix, per square centi- meter. ....	G	9363
C9364 .....	C9364	Porcine implant, Permacol, per square centimeter .....	G	9364
C9367 .....	C9367	Skin substitute, Endoform Dermal Template, per square centimeter .....	G	9367
J0598 .....	J0598	Injection, C1 esterase inhibitor (human), 10 units .....	G	9251
J0641 .....	J0641	Injection, levoleucovorin calcium, 0.5 mg .....	G	1236
J0718 .....	J0718	Injection, certolizumab pegol, 1 mg .....	G	9249
J1680 .....	J1680	Injection, human fibrinogen concentrate, 100 mg .....	G	1290
J2562 .....	J2562	Injection, plerixafor, 1 mg .....	G	9252
J8705 .....	J8705	Topotecan, oral, 0.25 mg .....	G	1238
J9155 .....	J9155	Injection, degarelix, 1 mg .....	G	1296
J9328 .....	J9328	Injection, temozolomide, 1 mg .....	G	9253
Q0138 .....	Q0138	Injection, Ferumoxytol, for treatment of iron deficiency anemia, 1 mg .....	G	1297
Q2025 .....	J8562	Fludarabine phosphate, oral, 10 mg .....	G	1339

# Health Reform Law

Section 6402 of PPACA,  
3/23/10

- Once an Overpayment is Identified,
  - Providers Must Disclose and Refund Within 60 Days OR
  - A False Claim (Triple Damages and Penalties)



# Health Reform Law

Question: What is Identify?

- Suspected Overpayment?
- After Internal Investigation and Quantification?
  
- Q: When does the clock start "ticking"?
  
- Providers are Required to:
  - Report DOS, Code, \$, an Explanation of the Error
  - Notify HHS, FI/Carrier



# Health Reform Law

We Recommend:

- Develop P/P on Overpayment Return Process
- Define "Identify" in the P/P
- Develop a Standard Form for Repayment if Needed



# Critical Care in 2011

- Critical Care Services Packaged for 2 Years According to CPT Book
  - Are/Were You Compliant with this Guidance?
- In 2011, Report all Ancillary Services with Critical Care (99291-99292)
- New 2011 CMS Edit, will Bundle the Services. No Longer manual process at the Hospital.
- CMS is Seeking Feedback about How to Pay for these Services in the Future



# Waiver of Coinsurance, Deductible for Certain Preventive Services

2011

- Inpatient Deductible =  
\$1,132
- Outpatient Deductible =  
\$162, then 20%  
Coinsurance



# **Waiver of Coinsurance, Deductible for Certain Preventive Services**

Transmittal 739 of July 30, 2010

ACA, Section 4104, Waives Coinsurance, Deductible for IPPE, Annual Wellness Visit, and Medicare Covered Preventive Services Recommended by USPSTF with Grade A or B (Appropriate to the Individual). Also Waives Deductible for Colorectal Screenings that Become Diagnostic.

Also Waiver of Deductible and Coinsurance Applicable to all Diagnostic Clinical Laboratory Tests



# Physician Supervision for Diagnostic/ Therapeutic Services

Diagnostic Services, no  
Change in 2011

- Level of Supervision is  
According to the Physician  
Fee Schedule
- Requires Direct Oversight  
by a Physician



# Physician Supervision for Diagnostic/ Therapeutic Services

Therapeutic Services:

Boundary Change by CMS

- Removed Reference to “on the Same Campus”, “in the Off-Campus PBD”, “in the Hospital”
- Supervising Physicians/NPP can be in Locations close to the Hospital
- Direct Supervision means: Physician/NPP must be Immediately Available, Interruptible and Able to Furnish Assistance and Direction throughout the Performance of a Procedure



# Physician Supervision for Diagnostic/ Therapeutic Services

If asked, can you “Prove”  
Direct Supervision of a  
Therapeutic Service (i.e.  
Schedules, etc.), including:  
How the immediate  
availability requirement was  
met, and

That the phys/NPP could  
be interrupted



# Physician Supervision for Diagnostic/ Therapeutic Services

Credentials of Supervising  
Physician. CMS States,

“ . . . for many Common OPSS  
Services, we believe Hospitals can  
adjust their Bylaws and Privileging  
Standards Sufficiently to Cover  
Practitioners whom they wish to  
act in a Supervisory Capacity.”

Q. Has this issue been discussed  
at the Medical Staff/Board Level at  
your Facility?



# Physician Supervision for Diagnostic/ Therapeutic Services

Consider these Issues:

- Who is Responsible for supervising and on What days?
- Each Department's Hours of Operation
- How Will Staff Contact the Supervising Physician if they are not in the Department?
- What is the Expected Response Time?
- What are the Limitations of Where the Supervising Practitioner can go when they are Responsible for the Supervision?



# Physician Supervision for Diagnostic/ Therapeutic Services

In 2011: New Category of  
Therapeutic Services: Nonsurgical  
and Extended Duration  
Therapeutic Services (NEDTS)

What Defines a NEDTS (16  
Services): 4 Requirements

Direct Supervision is Required for  
the Initiation of the Service (def:  
Beginning Portion of a Service),  
Ending when the Patient is Stable  
and Supervising Physician/NPP  
Believes the Remainder of the  
Service can be Delivered Safely  
under General Supervision



# Physician Supervision for Diagnostic/ Therapeutic Services

CMS says, the transition from Direct to General Supervision must be prominently Documented in the Progress Notes of the Patient's Medical Record.

This Documentation is Critical to Prove that the Service was Appropriately Supervised.

NOTE: Hospital Observation Care is a NEDTS!



# Physician Supervision for Diagnostic/ Therapeutic Services

Patients Under OBS Must be Under the Care of a Physician During OBS as Documented in the Medical Record.

The Medical Record Must Include Documentation that the Physician Assessed Patient Risk to Determine that the Patient Would Benefit from OBS

Chemotherapy, Blood Transfusion is not on the List of NEDTS



# Questions?

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