2013 Coding Changes Impacting Neurology

In order to accurately report the new 2013 Current Procedural Terminology (CPT) codes when they go into effect January 1, 2013, neurologists should be aware of several changes, including: the establishment of new codes for pediatric polysomnography, intraoperative neurophysiology monitoring, autonomic function tests, chemodenervation for chronic migraine, complex chronic care coordination services, transitional care management and a new coding structure for nerve conduction studies.

Nerve Conduction Tests

Nerve conduction study codes 95900, 95903, 95904, and H–reflex codes 95934 and 95936 have been deleted. Seven new nerve conduction codes (95907–95913) have been established. In the new coding structure, the unit of service in codes 95907–95913 is the number of nerve conduction studies performed; whereas the unit of service in previous codes 95900–95904 was each nerve. For the purposes of coding, a single conduction study is defined as a sensory conduction test, a motor conduction test with an F–wave or without an F wave test, or an H–reflex test. Each type of nerve conduction study is counted only once when multiple sites on the same nerve are stimulated or recorded. The numbers of these separate tests should be added to determine which code to use.

- (95900, 95903, 95904 have been deleted. For nerve conduction studies, see 95907–95913)

- 95907: 1–2 nerve conduction studies
- 95908: 3–4 nerve conduction studies
- 95909: 5–6 nerve conduction studies
- 95910: 7–8 nerve conduction studies
- 95911: 9–10 nerve conduction studies
- 95912: 11–12 nerve conduction studies
- 95913: 13 or more nerve conduction studies

Pediatric Polysomnography

Two new codes (95782, 95783) have been created to report pediatric polysomnography for children younger than 6 years of age. These patients are typically monitored for a longer period of time than adults (on average 9 hours) and typically require a 1:1 technologist to patient ratio. Pediatric studies tend to be more complex to review due to longer recordings and more data.
95808  Polysomnography; any age, sleep staging with 1–3 additional parameters of sleep, attended by a technologist

95810  age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

95811  age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist

●95782 younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

●95783 younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi–level ventilation, attended by a technologist

Intraoperative Neurophysiology

Code +95920 has been deleted. Two new codes (+95940 and +95941) for neurophysiology monitoring either inside or outside the operating room.

New code 95940 is reported per 15 minutes of service and requires reporting only the portion of time the monitoring professional was physically present in the operating room providing one–on–one patient monitoring, and no other cases may be monitored at the same time.

+●95940 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)

▶(Use 95940 in conjunction with the study performed, 92585, 95822, 95860, 95870, 95907–95913, 95925, 95939▼

New code 95941 is reported for all cases in which there was no physical presence by the monitoring professional in the operating room during the monitoring time or when monitoring more than one case while in an operating room.

+●95941 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)

▶(Use 95941 in conjunction with the study performed, 92585, 95822, 95860–95870, 95907–95913, 95925–95939▼
Autonomic Function Tests

A new code (95924) has been created to report when both parasympathetic (92921) and adrenergic function (92922) types of autonomic testing are performed together. It includes the use of a tilt table.

Code 95943 has been established to report when an autonomic function testing does not include beat–to–beat recording, or for testing without the use of a tilt table. This is a simpler, automated procedure compared to the other autonomic codes.

● 95924 combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt

▷ (Do not report 95924 in conjunction with 95921 or 95922) ◀

● 95943 Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time–frequency analysis of heart rate variability concurrent with time–frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head–up postural change

▷ (Do not report 95943 in conjunction with 93040, 95921, 95922, 95924) ◀

Chemodenervation for Chronic Migraine

Physicians are now able to report code new code 64615 when performing chemodenervation to treat chronic migraine.

● 64615 Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)

Evaluation and Management

Three new codes have been created for complex chronic care coordination. Codes 99487–99489 are reported only once per calendar month and include all non–face–to–face complex chronic care coordination services and none or 1 face–to–face office or other outpatient, home, or domiciliary evaluation and management (E/M) visit related to care for the patient’s chronic condition(s).

● 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   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)◀

Two transition care management service codes have been created to report services for an established patient whose medical and/or psychosocial problems require moderate or high complexity medical decision making during transitions in care.

●99495   Transitional Care Management Services with the following required elements:

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge
- Medical decision making of at least moderate complexity during the service period
- Face–to–face visit, within 14 calendar days of discharge

●99496   Transitional Care Management Services with the following required elements

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge
- Medical decision making of high complexity during the service period
- Face–to–face visit, within 7 calendar days of discharge

● = New Code

+ = Add on Code

For more information, contact Luana Ciccarelli at lciccarelli@aan.com.