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## What's new in INCISIVE MD?

This release provides the new and revised AMA CPT procedure codes for 2015. Additionally, we have made several improvements and corrections to the software regarding modifier ordering and other usability issues.

## Who should read these release notes?

### *If you are an INCISIVE MD user ...*

Read this entire document for revised features and changes to INCISIVE MD.

### *If you are the clinic technical contact ...*

No action is required because when the user logs into INCISIVE MD it will auto-detect if any necessary updates are needed and install them into the user's local profile. For clinics using terminal services or in a managed information technology (IT) environment, please contact INCISIVE Support for instructions on manually updating users' profiles.

## AMA CPT 2015 Update

The tables below list the new and revised 2015 AMA CPT procedure codes included with INCISIVE MD. The details about where the new 2015 procedure codes can be found when viewing the preoperative Surgical Planning or post-operative Surgical Coding **Procedures** tab are included at the end of this document. An explanation of the revised treatments is on the following page. At customer request, we added one existing AMA CPT procedure code 77072, Bone Age Studies, with this release.

**Table 1. Treatments Added for AMA CPT 2015 Update**

Treatment Name	CPT Range
Myelography via Lumbar Injection	62302 to 62305
Negative Pressure Therapy using DME	97607 and 97608
Placement of Radiostereometric analysis (RSA) devices	0347T
Radiostereometric analysis (RSA) examination	0348T to 0350T
Rib Fracture Repair using Internal Fixation	21811 to 21813

**Table 2. Treatments Revised for 2015**

Treatment Name	CPT Range
Ablation of bone tumor	20982 and 20983
Arthrocentesis, Aspiration, and/or Injection (Bursa)	20600, 20604, 20605, 20606, 20610, and 20611
DXA Bone Density Study	77085 and 77086
Kyphoplasty	22513 to 22515
Myelography Injection	62284
Negative Pressure Therapy using Disposables	97605 and 97606
Open Rib Fracture Repair	21805 and 21899
Percutaneous Sacroiliac Joint Fusion	27279
Percutaneous Vertebroplasty	22510 to 22512
Total Disc Arthroplasty (TDA)	22856, 22858, 0375T

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## Revised Treatments for 2015

Most of the changes for this year's AMA CPT update are revisions to existing treatments which are explained below.

### ***Ablation of bone tumor***

A new AMA CPT procedure code has been added and the existing code revised for Ablation of Bone Tumor to include the method of destruction:

- 20982 for radiofrequency
- 20983 for cryoablation.

### ***Arthrocentesis, Aspiration, and/or Injection (Bursa)***

New CPT procedure codes have been added along with existing procedure codes to differentiate the method of guidance used during joint injections:

#### ***Small Joint - Intertarsal Joint and Intercarpal Joint***

- 20600 - without ultrasound guidance
- 20604 - using ultrasound guidance with permanent recording and report

#### ***Intermediate Joint - Wrist Joint, Temporomandibular Joint, and Ankle Joint***

- 20605 - without ultrasound guidance
- 20606 - using ultrasound guidance with permanent recording and report

#### ***Large Joint - Shoulder Joint, Subacromial Bursa, Hip Joint, and Knee Joint***

- 20610 - without ultrasound guidance
- 20611 - using ultrasound guidance with permanent recording and report

### ***DXA Bone Density Study***

New views and assessments for the dual-energy X-ray absorptiometry (DXA) Bone Density Study treatment have been added for vertebral fracture assessment. Procedure code 77082 has been replaced with a new combined procedure code 77086, Axial skeleton and vertebral fracture assessment, and a new procedure code 77085 has been created for just the vertebral fracture assessment.

### ***Kyphoplasty***

New percutaneous kyphoplasty procedure codes (CPT 22513 to 22515) were created to bundle the kyphoplasty procedure with all forms of imaging guidance.

### ***Myelography Injection***

A new set of Myelography via Lumbar Injection procedure codes (62302 to 62305) were created that bundle the myelography injection (62284) procedure with the associated radiological supervision and interpretation services (72240 to 72270). If a user selects the myelography injection (62284) treatment and any of the associated radiological supervision and interpretation services (72240 to 72270), the application will automatically substitute a new Myelography via Lumbar Injection procedure code.

### ***Negative Pressure Therapy using Disposables***

The AMA CPT Codebook Editorial board revised the formal CPT definition for the Negative Pressure Wound Therapy procedure codes (CPT 97605 and 97606) to differentiate between these two existing codes and two new codes they created (97607 and 97608). They are differentiating between the two sets of codes by what is used to do the therapy; durable medical equipment (DME) for the existing codes and disposables for the new codes.

### ***Open Rib Fracture Repair with no Fixation, Internal Fixation, or External Fixation***

The rib fracture repair procedures were revised to delete the older technique of external fixation and add new procedure codes for internal fixation (21811 to 21813). Furthermore, users are now to report rib fracture repair with external fixation using an unlisted procedure code 21899 and to report closed rib fracture repair with an office visit service code.

### ***Percutaneous Sacroiliac Joint Fusion***

The Percutaneous Sacroiliac Joint Fusion Category III procedure code 0334T was promoted to a Category I procedure code 27279.

### ***Percutaneous Vertebroplasty***

A new set of Percutaneous Vertebroplasty procedure codes (22510 to 22512) were created that bundle the prior Percutaneous Vertebroplasty (22520 to 22522) procedure with the associated radiological supervision and interpretation services (72291 and 72292). If a user planned a surgery with the prior Percutaneous Vertebroplasty treatment and an associated radiological supervision and interpretation services selected, the application will automatically substitute for the bundled Percutaneous Vertebroplasty procedure codes (22510 to 22512).

### ***Total Disc Arthroplasty (TDA)***

For 2015, the AMA CPT Editorial board promoted the cervical TDA second level Category III procedure code 0092T to a Category I procedure code 22858, and created a new Category III procedure code 0375T to account for a third level to cervical TDA.

## **Surgical modifiers not listed in optimal order**

When we first created the software, we had to determine what order to put the modifiers when listing them after procedures. Sometime during the last year, one of our updates changed the order in which modifiers get ordered on Fee Ticket documents. With this release we have restored the order in which modifiers get listed.

### **Modifier precedence order**

The order of modifier precedence is:

- 1) Pricing modifiers TC or 26
- 2) Payment adjustment modifiers 50, 52, 53, 62, 66, 80, 81, 82, and AS
- 3) Global window modifiers 58, 78, and 79
- 4) Surgical package modifiers 54, 55, and 56

- 5) Distinct modifiers 59, XE, XP, XS, and XU
- 6) Informational payment adjustment modifiers 22, 24, 25, 57, 76, and 77
- 7) Multiple procedure reduction modifier 51
- 8) Anatomical modifiers LT, RT, FA-F0, and TA-T0
- 9) All other informational or HCPCS modifiers in numerical and alphabetical order.

This precedence was principally guided by two principles:

- The fact that most payer adjudication systems principally only look at the first modifier and sometimes a second reported modifier; thus, the modifiers need to be positioned in such an order to pass through the payer adjudication system
- Medicare carriers have published guidance that payment delays can occur if pricing modifiers are not reported in the first modifier position (WPS Medicare)

**Modifier Order Examples**

The following coding vignettes represent different scenarios of how INCISIVE MD will show the modifiers on the coded surgery Summary tab Procedures grid and Fee Ticket documents.

***Unrelated Procedure, Distinct, Difficult, and Multiple Procedure Reduction***

Laminotomy (63030) done during a global period that is unrelated to another surgery (79) that turned in a difficult procedure (22) and was done in conjunction with other major procedures (59).

63030 -79 -59 -22 -51

***Discontinued, Staged, and Multiple Procedure Reduction***

During the second half of a sequential Anterior / Posterior surgery (58), the reinsertion of instrumentation (22849) had to be discontinued (53) during the posterior fusion stage of the surgery because the patient became unresponsive to anesthesia and the operation had to be stopped.

22849 -53 -58 -51

***Bilateral, Staged, Distinct, and Multiple Procedure Reduction***

During the posterior stage of a two-stage surgery (58), a bilateral redo laminectomy (63042) was done for lateral recess stenosis (59) at another level than a posterior lumbar interbody fusion (51).

63042 -50 -58 -59 -51

***Cosurgeon, Complication, and Difficult***

Two days after her posterior lumbar fusion surgery (22633), an elderly women fell while attempting to get out of bed and dislodged her spine instrumentation (22842) requiring a return to the operation room (78) to extend her construct and repair a vertebral fracture which also necessitated the assistance of a cosurgeon. The removal of the instrumentation was difficult (22) given a precarious position of a screw to spinal nerves.

22842 -62 -78 -22

***Complication, Distinct, and Anatomical***

After another shoulder surgery (78), patient fell down and damaged their shoulder. Surgeon had to perform a Left (LT) shoulder arthroscopic lysis of adhesions (29825) along with a Right Mumford (59) and was assisted by a physician’s assistant (AS).

29825 -78 -59 -LT

and the physician’s assistant would be coded as

29825 -AS -78 -59 -LT

***Distinct, Anatomical and Multiple Procedure Reduction***

A 9-year old fell off his bike in the gravel and broke his Left middle finger (F2) distal phalanx (26785) that was splinted along with the Right middle finger (F7) DIP joint (26755) that required open treatment (59).

26755 -59 -51 -F7

***Professional Component and Multiple Procedure Reduction***

A CT scan for stereotactic localization (77011) with professional interpretation by the surgeon (26) done during major surgery.

77011 -26 -51

**More than 4 Modifiers Displayed**

In those rare occurrences where more than four modifiers occur for a coded surgery, INCISIVE MD will show all the modifiers instead of using modifier 99. When modifier 99 should be reported, it should be reported in the first modifier position and the other modifiers listed in Box 19 on the CMS 1500 claim form or electronic equivalent. It’s recommended that users contact their payer and determine how the appropriate method to bill the payer in these circumstances.

**Modifier 99:** A Bilateral (50) Laminotomy (63030) done along with a fusion (59) as part of a second stage surgery (58) using a co-surgeon (62) will be displayed as 63042 -50 -62 -59 -58 -51 instead of 63042 -99 -50 -62 -59.

**Corrections to the Software**

With this release, we corrected and improved a number of minor issues with the software.

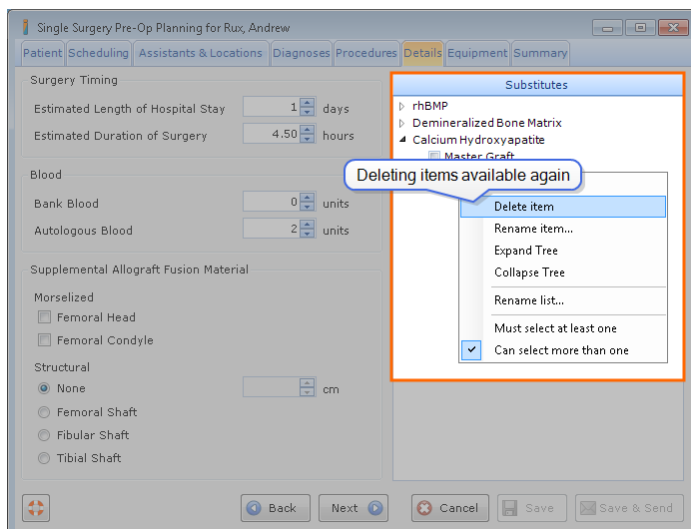
***Searching for words longer than eight characters did not return any search results***

When trying to find procedures, if a user entered search terms longer than eight characters, our search engine would not return any results. For example, if users

entered “decompression” they would not find any results but if they entered “decomp” they would find 97 treatments. We have corrected our search engine and users should now be able to enter search terms longer than eight characters.

**Unable to delete from the Surgery Planning > Details list box**

We had a glitch in our permissions model in that users with both Surgery Plan and Provider Settings were unable to delete items from the Surgery Planning > Details > Spine Graft Substitutes list box. This has been corrected and users with these two permissions will now see in the right-click context menu that Delete item is no longer greyed out.



**C7-T1 location switched from thoracic to cervical region**

Given that the cervicothoracic junction C7-T1 can be considered in either the thoracic or cervical regions depending on the context of the procedure being performed, we elected to associate the C7-T1 interspace with the thoracic region when INCISIVE MD was initially released. Based upon feedback from surgeons, we have switched the C7-T1 interspace from the thoracic region to the cervical region with this release. Some treatments will now display the C7-T1 interspace while others will no longer display it; see the tables below for which procedures are affected.

**Table 3. Treatments now displaying C7-T1 interspace in cervical region**

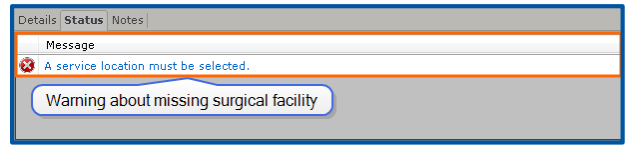
Treatment	AMA CPT Codes
Anterior Cervical Decompression and Fusion (ACDF)	22551 and 22552
Anterior Discectomy	63075 and 63076
Laminotomy (No Lateral Recess)	63020 and 63035
Posterolateral Cervical Fusion (PCF)	22600 and 22614

**Table 4. Treatments no longer displaying C7-T1 interspace in thoracic region**

Treatment	AMA CPT Codes
Application Interbody Device (PEEK Cage)	22851
Exploration of Spinal Fusion	22830
Posterior Deformity Fusion	22800 through 22808
Spinous Process Fusion	22899

***Surgery location required in order to save a surgery***

With the prior release that eased the requirement for saving a planned surgery with a diagnosis and procedure selected, we inadvertently removed the requirement for a surgical facility to be also selected before saving the planned surgery. With this release, both planned and coded surgeries require a surgical facility to be selected before the surgery can be saved. If a surgical facility is not selected, the user will be prompted with an error under **Status** on both the Surgical Planning and Coded Surgery Summary tabs.



***Stereotactic Navigation for Cranial Surgery***

Only Extradural Stereotactic Computer-Assisted Navigation (61782) was listed for cranial neurostimulator treatments. At customer request, INCISIVE MD will also show the intradural version of this procedure (61781) for the following AMA CPT procedure codes: 64568, 61885 , 61886, 64573, 64553, 64570, 61888, 61880, and 64569

**How do I contact Support?**

During normal business hours, 8:00 am to 5:00 pm Pacific Time, you may contact INCISIVE Support at (503) 546-5323 or by email at support@crosscurrentinc.com. Our INCISIVE MD support website also offers resources to help answer basic questions about the software.

Table 5. Bone Age Studies

<b>Definitive Treatment</b>	Bone age studies
<b>CPT Codes</b>	77072
<b>Treatment Locations</b>	Assistive > Imaging
<b>Location Display</b>	All body regions and subregions
<b>Display in Common View?</b>	No
<b>Treatment Group</b>	Assistive
<b>Supplemental Codes</b>	None
<b>CMS MUE Limit</b>	1
<b>AMA CPT Bundling Edits</b>	No
<b>Supplies &amp; Equipment</b>	No



**Table 6. Myelography via Lumbar Injection**

<b>Definitive Treatment</b>	Myelography via Lumbar Injection
<b>CPT Codes</b>	62302, 62303, 62304, 62305
<b>Treatment Locations</b>	Spine > Cervical   Thoracic   Lumbar
<b>Location Display</b>	C2-3 through L5-S1
<b>Display in Common View?</b>	No
<b>Treatment Group</b>	Injection > Therapeutic / Diagnostic
<b>Supplemental Codes</b>	None
<b>CMS MUE Limit</b>	1
<b>AMA CPT Bundling Edits</b>	Do not report 62302, 62303, 62304, 62305 with 62284, 72240, 72255, 72265, 72270
<b>Supplies &amp; Equipment</b>	None
<b>Summary Text</b>	Myelography via Lumbar Injection
<b>Dispute Text</b>	This code represents a %TXNAME% with radiological supervision and interpretation at %LOCATIONS%

**Table 7. Negative Pressure Wound Therapy using DME**

<b>Definitive Treatment</b>	Negative pressure wound therapy using DME
<b>CPT Codes</b>	97605 and 97606
<b>Treatment Locations</b>	All regions and subregions
<b>Location Display</b>	Negative pressure wound therapy using DME
<b>Display in Common View?</b>	No
<b>Treatment Group</b>	Assistive > Therapeutic
<b>Supplemental Codes</b>	No
<b>CMS MUE Limit</b>	1
<b>AMA CPT Bundling Edits</b>	No
<b>Supplies &amp; Equipment</b>	No
<b>Summary Text</b>	%UNITS% square cm wound surface area negative pressure therapy using DME.
<b>Dispute Text</b>	This code represents %UNITS% square cm wound surface area negative pressure therapy, (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session on a wound %UNITS% square centimeters.

Table 8. Placement of RSA device

<b>Definitive Treatment</b>	RSA device placement
<b>CPT Codes</b>	0347T
<b>Treatment Locations</b>	Assistive > Imaging
<b>Location Display</b>	All regions and subregions
<b>Display in Common View?</b>	No
<b>Treatment Group</b>	Assistive
<b>Supplemental Codes</b>	No
<b>CMS MUE Limit</b>	1
<b>AMA CPT Bundling Edits</b>	No
<b>Supplies &amp; Equipment</b>	No
<b>Summary Text</b>	RSA device placement
<b>Dispute Text</b>	This code represents placement of interstitial device(s) in bone for radiostereometric analysis (RSA)

Table 9. RSA Exam

<b>Definitive Treatment</b>	Radiostereometric analysis (RSA) exam
<b>CPT Codes</b>	0348T, 0349T, 0350T
<b>Treatment Locations</b>	Assistive > Imaging →
<b>Location Display</b>	0348T → Spine > cervical   thoracic   lumbosacral 0349T → Upper extremity > Shoulder   Upper arm & elbow   Forearm & wrist 0350T → Lower extremity > Thigh & Knee   Lower leg & ankle → Torso > Hip
<b>Display in Common View?</b>	No
<b>Treatment Group</b>	Assistive
<b>Supplemental Codes</b>	No
<b>CMS MUE Limit</b>	1
<b>AMA CPT Bundling Edits</b>	No
<b>Supplies &amp; Equipment</b>	No
<b>Summary Text</b>	Radiostereometric analysis (RSA) exam of %LOCATIONS%
<b>Dispute Text</b>	This code represents Radiostereometric analysis (RSA) exam of %LOCATIONS%.

Table 10. Rib Fracture Repair using Internal Fixation

<b>Definitive Treatment</b>	Fx repair using internal fixation
<b>CPT Codes</b>	21811, 21812, 21813
<b>Treatment Locations</b>	Torso > Trunk
<b>Treatment Group</b>	Bone and Joint
<b>Location Display</b>	Rib with drop down qualifier for “Number of Ribs”
<b>Laterality?</b>	Yes
<b>Display in Common View?</b>	No
<b>Supplemental Codes</b>	No
<b>CMS MUE Limit</b>	1
<b>AMA CPT Bundling Edits</b>	None
<b>Supplies &amp; Equipment</b>	None
<b>Summary Text</b>	%LATERALTY% Open fx repair of %UNITS% ribs using internal fixation
<b>Dispute Text</b>	This code represents the %LATERALITY% open fx repair of %UNITS% ribs using internal fixation