

# compliance

## 2021 Oncology Coding Update

BY TERI BEDARD, BA, RT(R)(T), CPC

The Centers for Medicare & Medicaid Services and the American Medical Association finalized its coding updates for CY 2021. Though these code changes are not significant for oncology, it is important to update your coding practices and chargemasters to reflect these code changes. Below are coding changes specific to services that may be provided by or related to services by oncology specialties.

### Revised Evaluation and Management Codes

- **99202:** Office or other outpatient visit for the evaluation and management (E/M) of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15 to 29 minutes of total time is spent on the date of the encounter.
- **99203:** Office or other outpatient visit for the E/M of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30 to 44 minutes of total time is spent on the date of the encounter.
- **99204:** Office or other outpatient visit for the E/M of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45 to 59 minutes of total time is spent on the date of the encounter.
- **99205:** Office or other outpatient visit for the E/M of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60 to 74 minutes of total time is spent on the date of the encounter.
- **99211:** Office or other outpatient visit for the E/M of an established patient, which may not require the presence of a physician or other qualified healthcare professional. Usually, the presenting problem(s) are minimal.
- **99212:** Office or other outpatient visit for the E/M of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10 to 19 minutes of total time is spent on the date of the encounter.
- **99213:** Office or other outpatient visit for the E/M of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20 to 29 minutes of total time is spent on the date of the encounter.
- **99214:** Office or other outpatient visit for the E/M of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30 to 39 minutes of total time is spent on the date of the encounter.

- **99215:** Office or other outpatient visit for the E/M of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40 to 54 minutes of total time is spent on the date of the encounter.

### New Evaluation and Management Codes

- **G2211:** Visit complexity inherent to E/M associated with medical care services that serve as the continuing focal point for all needed healthcare services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. Add-on code, list separately in addition to office/outpatient E/M visit, new or established.
- **G2212:** Prolonged office or other outpatient E/M service(s) beyond the maximum required time of the primary procedure, which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact. List separately in addition to Current Procedural Terminology codes **99205** or **99215** for office or other outpatient E/M services. Do not report **G2212** on the same date of service as **99354**, **99355**, **99358**, **99359**, **99415**, or **99416**. Do not report **G2212** for any time unit less than 15 minutes.



- **99417:** Prolonged office or other outpatient E/M service(s) beyond the total time of the primary procedure, which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each additional 15 minutes. List separately in addition to Current Procedural Terminology codes **99205** or **99215** for office or other outpatient E/M services.
- **G2250:** Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous seven days nor leading to a service or procedure within the next 24 hours or soonest available appointment.
- **G2251:** Brief communication technology-based service (e.g., virtual check-in) by a qualified healthcare professional who cannot report E/M services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5 to 10 minutes of medical discussion.

### Chimeric Antigen Receptor T-Cell Therapy New Code

- **C9073:** Brexucabtagene autoleucel, up to 200 million autologous anti-CD19

chimeric antigen receptor-positive viable T-cells, including leukapheresis and dose preparation procedures, per therapeutic dose.

### Revised Radiology Codes: Computed Tomography, Thorax

- **71250:** Computed tomography (CT), thorax, diagnostic, without contrast material.
- **71260:** CT, thorax, diagnostic, with contrast material.
- **71270:** CT, thorax, diagnostic, without contrast material, followed by contrast material(s) and further sections.

### New Radiology Codes

- **71271:** CT, thorax, low dose for lung cancer screening, without contrast material(s).
- **0633T:** CT, breast, including 3D rendering, when performed, unilateral, without contrast material.
- **0634T:** CT, breast, including 3D rendering, when performed, unilateral, with contrast material.
- **0635T:** CT, breast, including 3D rendering, when performed, unilateral, without contrast material, followed by contrast material(s).
- **0636T:** CT, breast, including 3D rendering, when performed, bilateral, without contrast material.
- **0637T:** CT, breast, including 3D rendering, when performed, bilateral, with contrast material.

- **0638T:** CT, breast, including 3D rendering, when performed, bilateral, without contrast material, followed by contrast material(s).
- **32408:** Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed.
- **76145:** Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report.

### Added Healthcare Common Procedure Coding System Codes

- **A959:** Fluoroestradiol F-18, diagnostic, 1 mCi.
- **C9068:** Copper Cu 64 dotatate, diagnostic, 1 mCi.
- **J9198:** Gemcitabine hydrochloride (Infugem), 100 mg.
- **C9069:** Injection, belantamab mafodotin-blmf, 0.5 mg.
- **C9070:** Injection, tafasitamab-cxix, 2 mg.
- **C9073:** Brexucabtagene autoleucel, up to 200 million autologous anti-CD19.
- **J9316:** Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg.
- **J9223:** Injection, lurbinectedin, 0.1 mg.
- **G2206:** Patient received adjuvant treatment course including both chemotherapy and human epidermal growth factor receptor 2 (HER2)-targeted therapy.
- **G2207:** Reason for not administering adjuvant treatment course, including both chemotherapy and HER2-targeted therapy (e.g., poor performance status; ECOG = 3-4; Karnofsky = 50), cardiac contraindications, insufficient renal function, insufficient hepatic function, other active or secondary cancer diagnoses, other medical contraindications, patients who died during initial treatment course or transferred during or after initial treatment course.
- **G2208:** Patient did not receive adjuvant treatment course, including both chemotherapy and HER-targeted therapy.

### Discontinued HCPCS Code

- **G0297:** Low-dose CT scan for lung cancer screening. 