



PLAN DE SALUD
MENONITA

CIRCULAR LETTER #: 20-075

December 30, 2020

TO ALL PLAN DE SALUD MENONITA-VITAL PARTICIPATING PROVIDERS

RE: AMA® DELETED CPTs CODES FOR 2021

Dear Provider:

For your reference, we are including the list of deleted CPT codes for calendar year 2021. In a separate communication we will publish the 2021 new codes and its rates for covered codes.

Should you have any question please contact us at your convenience.

Provider Service Center
1-855-297-0140 (toll free)
Monday to Friday
7:00a.m. to 7:00p.m.
<http://psmconnet.psmpr.com>

Happy New Year!

Cordially,

A handwritten signature in black ink, appearing to read 'S. Peña', is written over a light blue horizontal line.

Sandra V. Peña Pérez, PT, MHSA
Chief Operations Officer

Deleted 2021	Substituted Code ¹	Information related to these services
19366	N/A	Has not a direct replacement within the 2021 code set.
32405	32408	The new code that bundles percutaneous core needle lung biopsy with imaging guidance, when performed. Codes 32405 and 77012, were identified by the RAW as code pairs being performed together 75 percent or more of the time, therefore were referred to the CPT®
49220	N/A	The code used to report staging laparotomy for Hodgkin's lymphoma, has not a direct replacement within the 2021 code set.
57112	N/A	Has not a direct replacement within the 2021 code set. Will presumably now be reported using one or more existing codes depending upon the services provided.
58293	N/A	Has not a direct replacement within the 2021 code set. Will presumably now be reported using one or more existing codes depending upon the services provided.
61870	N/A	Has not a direct replacement within the 2021 code set.
62163	N/A	Has not a direct replacement within the 2021 code set.
62180	N/A	Has not a direct replacement within the 2021 code set.
63182	N/A	Has not a direct replacement within the 2021 code set.
69605	N/A	Has not a direct replacement within the 2021 code set.
76970	N/A	Due to low use volume.
78135	N/A	Due to low use volume.
81545	N/A	Has not a direct replacement within the 2021 code set.
92585	92652, 92653	The codes are to report auditory evoked potential testing
92586	92650, 92651	The codes are to report auditory evoked potential testing
92992	33741	Transcatheter atrial septostomy procedures are being removed from the Medicine section (92992 and 92993) and added to the Cardiovascular section of the book under the code 33741.
92993	33741	Transcatheter atrial septostomy procedures are being removed from the Medicine section (92992 and 92993) and added to the Cardiovascular section of the book under the code 33741.
94250	N/A	Has not a direct replacement within the 2021 code set.
94400	N/A	Has not a direct replacement within the 2021 code set.
94750	N/A	Has not a direct replacement within the 2021 code set.
95071	N/A	Has not a direct replacement within the 2021 code set.
99201	99202	Due to the changes In E/M code assignment
0058T	89358	For cryopreservation; reproductive tissue, ovarian
0085T	84999	For breath test for heart transplant rejection

¹ This information does not guarantee that all codes are covered and will be considered for payment.

Deleted 2021	Substituted Code ²	Information related to these services
0126T	93998	For common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment
0228T	64999	For injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic, single level
0229T	64999	For injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic, single level
0230T	64999	For injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic, single level
0231T	64999	For injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic, single level
0295T	93241, 93245	For greater than 48 hours of External electrocardiographic recording, see 93241-93248, as appropriate.
0296T	93242, 93246	For greater than 48 hours of External electrocardiographic recording, see 93241-93248, as appropriate.
0297T	93243, 93247	For greater than 48 hours of External electrocardiographic recording, see 93241-93248, as appropriate.
0298T	93244, 93248	For greater than 48 hours of External electrocardiographic recording, see 93241-93248, as appropriate.
0381T	95999	For external heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
0382T	95999	For external heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
0383T	95999	For external heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

² This information does not guarantee that all codes are covered and will be considered for payment.

Deleted 2021	Substituted Code ³	Information related to these services
0385T	95999	For external heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
0386T	95999	For external heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
0400T	96999	For multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high-risk melanocytic atypia
0401T	96999	For multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high-risk melanocytic atypia
0405T	99499	For oversight of the care of an extracorporeal liver assist system patient requiring review of status, review of laboratories and other studies, and revision of orders and liver assist care plan (as appropriate), within a calendar month, 30 minutes or more of non-face-to-face time

³ This information does not guarantee that all codes are covered and will be considered for payment.