



PLAN DE SALUD
MENONITA

CIRCULAR LETTER # 19-00069-AMENDED

February 24, 2020

TO ALL PARTICIPATING PROVIDERS OF PLAN DE SALUD MENONITA - VITAL

RE: VITAL – NEW CPT® CODES 2020-AMENDMENT

Dear Provider:

This amendment updates the fees for CPT® Code Section (95700-95726). All other information included in the letter remains the same.

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>

Cordially,

A handwritten signature in blue ink, appearing to be 'SP', is written over the name and title of the Chief Operations Officer.

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



CIRCULAR LETTER # 19-00069

December 26, 2019

TO ALL PARTICIPATING PROVIDERS OF PLAN DE SALUD MENONITA - VITAL

RE: VITAL – NEW CPT® CODES 2020

Dear Provider:

It's our commitment to work with you in an integrated and coordinated way for a better manage of the patients we serve together. In this occasion, we are approaching you to communicate the **new CPT® 2020 codes**. The new codes, included with this communication, are issued by the American Medical Association for year 2020.

- The codes with a \$0.00 fee identify the services that are NOT covered by the Vital Plan as it's established by ASES.
- It's necessary that you refer to the CPT® manual for its descriptions and guides.
- Any service that involves new technology must be validated by your contracting representative.
 - The New Technology Evaluation Form should be submitted to the following email contractinggghp@pns-pr.com.

As always, we count with your collaboration to continue promoting the wellbeing of those beneficiaries we serve together. Should you have any question please contact us at your convenience.

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Cordially,

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



NEW CPT® CODES 2020

Code 2020	Fee	Related information
Integumentary System		
Tissue Grafting Procedures		
15769	\$273.00	Code 15769 has been established to report autologous soft tissue grafts. Codes 15771-15774 have been established to report autologous fat grafting (lipofilling); using liposuction technique. These services require Pre- authorization.
15771	\$341.00	
15772	\$132.00	
15773	\$345.00	
15774	\$128.00	
Musculoskeletal System		
Dry Needle		
20560	\$0.00	Non-Covered Services These services contain elements of both procedures and are known by other names including "dry needling" and trigger point acupuncture.
20561	\$0.00	
Orthopedic Drug Delivery Implant Procedures		
20700	\$62.00	These codes will provide distinction between the services (11981-11983), by location, and associated work for orthopedic uses.
20701	\$46.00	
20702	\$103.00	
20703	\$74.00	
20704	\$107.00	
20705	\$88.00	
Breast and Chest Wall Procedures		
21601	\$702.00	These codes are to clarify the reporting of nipple-sparing and skin-sparing mastectomies procedures, 3 existing codes are being removed from the Integumentary System Chapter and relocated and renumbered in the Musculoskeletal System Chapter, Neck and Thorax Subsection
21602	\$941.00	
21603	\$1,095.00	
Cardiovascular System		
Pericardiocentesis and Pericardial Drainage Procedures		
33016	\$192.00	This change is an addition of four new codes to report pericardiocentesis procedures involving the placement of an indwelling drainage catheter. The services may have been previously reported with 33010, 33011 and 33015 which did not specify placement of a catheter or represent current clinical practice. New codes include imaging guidance
33017	\$198.00	
33018	\$223.00	
33019	\$185.00	
Aortic Graft Procedure		
33858	\$2,025.00	



Code 2020	Fee	Related information
33859	\$1,323.00	This change is to add distinction between aortic dissection repairs and aortic disease repairs other than dissection. In addition, a third code is being created to describe transverse aortic arch graft. This will provide a clearer description of the work.
33871	\$2,317.00	
Iliac Branch Endograft Placement		
34717	\$293.00	The new codes are to report endovascular iliac artery repair procedures by deployment of an iliac branched endograft; These are unilateral services and will include pre-procedure sizing and device selection, all ipsilateral iliac artery catheterizations, all radiology and all endograft extensions.
34718	\$820.00	
Major Artery Exploration Procedures		
35702	\$193.00	The codes are to report exploration of upper and lower extremity arteries when not followed by surgical repair.
35703	\$197.00	
Gastrointestinal System		
Transanal hemorrhoidal dearterialization		
46948	\$214.00	This is a new code to describe Transanal hemorrhoidal dearterialization. This is a non-excisional surgical technique for the treatment of internal hemorrhoids that identifies and ligates the terminal branches of the superior rectal artery through a specially developed anoscope equipped with an ultrasound probe. The probe locates all the arteries which are individually ligated as needed to interrupt hemorrhoid blood supply. In addition, when required, a ring of sutures will also be deployed to pull up a prolapse.
Pre-peritoneal pelvic packing		
49013	\$310.00	These are new codes to represent preperitoneal packing which has been shown to effectively control pelvic bleeding in the trauma patient.
49014	\$223.00	
Nervous System		
Lumbar Puncture		
62328	\$191.00	This change creates two new lumbar puncture codes to include guidance using CT or fluoroscopy. These services require Pre- authorization.
62329	\$216.00	
Radiofrequency Neurotomy Sacroiliac Joint		
64451	\$137.00	



Code 2020	Fee	Related information
64625	\$323.00	This change reflects new procedures related to radiofrequency neurotomy treatment of the nerves innervating the sacroiliac joint. These services require Pre- authorization.
Genicular Nerve Block Procedures		
64454	\$139.00	The codes to represent genicular nerve block procedures which have recently emerged as an alternative treatment for chronic knee pain.
64624	\$265.00	
Annex and Ocular System Cyclophotocoagulation		
66987	\$731.00	The codes clarify cataract surgery and Cyclophotocoagulation procedures.
66988	\$799.00	
Radiology Gastrointestinal Tract Imaging		
74221	\$77.74	These codes were created to conform to other codes in the radiology section and to add consistency between anatomic regions and types of study of the GI Tract Imaging
74248	\$58.91	
Nuclear Medicine Myocardial PET		
78429	\$299.60	These codes were created to identify component services included for myocardial imaging using PET. The prior codes did not describe the full extent of the work being provided during each service as the technology has evolved. These services require Pre- authorization.
78430	\$284.45	
78431	\$331.25	
78432	\$352.70	
78433	\$385.55	
78434	\$111.25	
SPECT-CT		
78830	\$357.90	The addition of 4 new codes describing SPECT-CT procedures. Five codes are being revised to add clarification and 7 codes are being deleted. These services require Pre- authorization.
78831	\$517.71	
78832	\$673.74	
78835	\$75.00	
Laboratory Drug Testing		
80145		The codes are added to allow specific identification of therapeutic drug assay testing such as: Adalimumab; Posaconazole; Infliximab; Lacosamide; Vedolilizumab; Voriconazole.
80187		
80230		
80235		
80280		
80285		



Code 2020	Fee	Related information
CN/SNP array for neoplasia		
81277		The new Tier 1 code has been created to more accurately describe the CN/SNP array for neoplasia. This service was previous billed with CPT 81406 which does not specify the cancer setting. These services require Pre- authorization.
81307		Two codes have been established to report partner and localizer gene analysis for PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer). These services require Pre- authorization.
81308		
81309		The code has been established to report analysis of PIK3CA. These services require Pre- authorization.
MAAA		
81522		EndoPredict by Myriad Genetic Lab. This is a 12-gene RNA expression test that measures gene expression, tumor size, and nodal status and places them into a proprietary algorithm that generates a patient-specific score. This score allows estimation of the disease state and facilitates decisions regarding treatments. These services require Pre- authorization.
81542		Decipher Prostate by Decipher Biosciences. This is a gene expression profiling of 22 genes that produces a score to predict prostate cancer metastasis. These services require Pre- authorization.
81552		DecisionDx-UM by Castle Biosciences. This test is for analysis of metastasis risk of uveal melanoma. Using multiple RNA biomarkers, the test quantitatively measures the expression profile of 15 genes and applies a proprietary algorithm in order to obtain a prognostic molecular classification for patients diagnosed with uveal melanoma (UM) based on risk for metastatic disease. These services require Pre- authorization.
Microbiología / Microbiology		
87563		This test was developed to distinguish Mycoplasma genitalium from other types of sexually transmitted infections.
Medicine		
Vaccine		
90619	\$0.00	"Fee Will be published in a separate notification"



Code 2020	Fee	Related information
90694	\$0.00	“Fee Will be published in a separate notification”
Biofeedback		
90912	\$20.00	These codes have been created as a result of the evolution of biofeedback for pelvic floor weakness. The structure is time-based consisting of 15 minutes increments, the same as the other physical therapy training codes
90913	\$10.00	
Ophthalmology		
92201	\$17.00	These codes were added to specify the portion of the eye that is examined in an extensive comprehensive eye exam
92202	\$15.00	
Otorhinolaryngology		
92549	\$45.63	This add-on code (92548 primary code) was created for reporting motor control testing and adaption. The test includes 6 conditions (eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway)
Cardiovascular		
93356	\$26.00	Myocardial Strain Imaging has been created as an add-on code; for reporting myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics. Is reported only once per session. These services require Pre- authorization.
Non-Invasive Vascular Studies		
93985	\$172.36	Two codes have been created to report duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access.
93986	\$87.40	
Neurology		
95700	\$100.00	Long-term continuous recording EEGs capture brain wave activity for durations of two hours or greater. 23 new codes have been created to clarify this testing. These services require Pre- authorization.
95705	\$118.00	
95706	\$84.00	
95707	\$84.00	
95708	\$118.00	



Code 2020	Fee	Related information
95709	\$168.00	
95710	\$168.00	
95711	\$118.00	
95712	\$227.00	
95713	\$227.00	
95714	\$118.00	
95715	\$227.00	
95716	\$227.00	
95717	\$126.50	
95718	\$168.00	
95719	\$253.00	
95720	\$168.00	
95721	\$168.00	
95722	\$227.00	
95723	\$417.00	
95724	\$476.00	
95725	\$556.00	
95726	\$615.00	
Adaptative Behavioral Services		
96156	APS	These services are part of the Mental Health Care coverage administered by APS Health PR. This code change was established to more accurately reflect current clinical practice including the increased emphasis on interdisciplinary care coordination and teamwork with physicians in primary care and specialty settings. All services are face to face
96158	APS	
96159	APS	
96164	APS	
96165	APS	
96167	APS	
96168	APS	
96170	APS	
96171	APS	
Physical Therapy Medicine and Rehabilitation		
97129	\$6.25	This code change is to align the code language of the CPT code set with the time-based code descriptor for HCPCS code G0515 (Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes) established by CMS in 2018
97130	\$6.25	
Non-face-to-face non-medical services		
98970	\$0.00	Non-Covered Services
98971	\$0.00	
98972	\$0.00	



Code 2020	Fee	Related information
Evaluation and Management		
Evaluation and Management Digital		
99421	\$0.00	Non-Covered Services
99422	\$0.00	
99423	\$0.00	
Remote Physiological Monitoring		
99458	\$0.00	Non-Covered Services
Self-Reported Blood Pressure Monitoring		
99473	\$0.00	Non-Covered Services
99474	\$0.00	



Code 2020	Fee	Related information
Integumentary System		
Tissue Grafting Procedures		
15769		Code 15769 has been established to report autologous soft tissue grafts. Codes 15771-15774 have been established to report autologous fat grafting (lipofilling); using liposuction technique. These services require Pre- authorization.
15771		
15772		
15773		
15774		
Musculoskeletal System		
Dry Needle		
20560	\$0.00	Non-Covered Services These services contain elements of both procedures and are known by other names including "dry needling" and trigger point acupuncture.
20561	\$0.00	
Orthopedic Drug Delivery Implant Procedures		
20700		These codes will provide distinction between the services (11981-11983), by location, and associated work for orthopedic uses.
20701		
20702		
20703		
20704		
20705		
Breast and Chest Wall Procedures		
21601		These codes are to clarify the reporting of nipple-sparing and skin-sparing mastectomies procedures, 3 existing codes are being removed from the Integumentary System Chapter and relocated and renumbered in the Musculoskeletal System Chapter, Neck and Thorax Subsection
21602		
21603		
Cardiovascular System		
Pericardiocentesis and Pericardial Drainage Procedures		
33016		This change is an addition of four new codes to report pericardiocentesis procedures involving the placement of an indwelling drainage catheter. The services may have been previously reported with 33010, 33011 and 33015 which did not specify placement of a catheter or represent current clinical practice. New codes include imaging guidance
33017		
33018		
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Aortic Graft Procedure		
33858		This change is to add distinction between aortic dissection repairs and aortic disease repairs other than dissection. In addition, a third code is being created to describe transverse
33859		
33871		



Code 2020	Fee	Related information
		aortic arch graft. This will provide a clearer description of the work.
Iliac Branch Endograft Placement		
34717		The new codes are to report endovascular iliac artery repair procedures by deployment of an iliac branched endograft; These are unilateral services and will include pre-procedure sizing and device selection, all ipsilateral iliac artery catheterizations, all radiology and all endograft extensions.
34718		
Major Artery Exploration Procedures		
35702		The codes are to report exploration of upper and lower extremity arteries when not followed by surgical repair.
35703		
Gastrointestinal System		
Transanal hemorrhoidal dearterialization		
46948		This is a new code to describe Transanal hemorrhoidal dearterialization. This is a non-excisional surgical technique for the treatment of internal hemorrhoids that identifies and ligates the terminal branches of the superior rectal artery through a specially developed anoscope equipped with an ultrasound probe. The probe locates all the arteries which are individually ligated as needed to interrupt hemorrhoid blood supply. In addition, when required, a ring of sutures will also be deployed to pull up a prolapse.
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64454		



Code 2020	Fee	Related information
64624		The codes to represent genicular nerve block procedures which have recently emerged as an alternative treatment for chronic knee pain.
Annex and Ocular System		
Cyclophotocoagulation		
66987		The codes clarify cataract surgery and Cyclophotocoagulation procedures.
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Radiology		
Gastrointestinal Tract Imaging		
74221		These codes were created to conform to other codes in the radiology section and to add consistency between anatomic regions and types of study of the GI Tract Imaging
74248		
Nuclear Medicine		
Myocardial PET		
78429		These codes were created to identify component services included for myocardial imaging using PET. The prior codes did not describe the full extent of the work being provided during each service as the technology has evolved. These services require Pre- authorization.
78430		
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SPECT-CT		
78830		The addition of 4 new codes describing SPECT-CT procedures. Five codes are being revised to add clarification and 7 codes are being deleted. These services require Pre- authorization.
78831		
78832		
78835		
Laboratory		
Drug Testing		
80145		The codes are added to allow specific identification of therapeutic drug assay testing such as: Adalimumab; Posaconazole; Infliximab; Lacosamide; Vedolilzumab; Voriconazole.
80187		
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MAAA		
81522		EndoPredict by Myriad Genetic Lab. This is a 12-gene RNA expression test that measures gene expression, tumor size, and nodal status and places them into a proprietary algorithm that generates a patient-specific score. This score allows estimation of the disease state and facilitates decisions regarding treatments. These services require Pre- authorization.
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Microbiología / Microbiology		
87563		This test was developed to distinguish Mycoplasma genitalium from other types of sexually transmitted infections.
Medicine		
Vaccine		
90619	\$0.00	Non-Covered Services Meningococcal Vaccine. Approval is pending by FDA, is for active immunization to prevent invasive meningococcal disease caused by Neisseria meningitis serogroups A, C, W, and Y. It uses tetanus toxoid as a protein carrier,



Code 2020	Fee	Related information
90694	\$0.00	Non-Covered Services Fluad Quadrivalent vaccine by Seqirus. This is an inactivated influenza vaccine indicated for active immunization against influenza disease caused by influenza virus. It is indicated for individuals aged 65 years and older. It is supplied as a 0.5 mL pre-filled syringe.
Biofeedback		
90912		These codes have been created as a result of the evolution of biofeedback for pelvic floor weakness. The structure is time-based consisting of 15 minutes increments, the same as the other physical therapy training codes
90913		
Ophthalmology		
92201		These codes were added to specify the portion of the eye that is examined in an extensive comprehensive eye exam
92202		
Otorhinolaryngology		
92549		This add-on code (92548 primary code) was created for reporting motor control testing and adaption. The test includes 6 conditions (eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway)
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87563		This test was developed to distinguish Mycoplasma genitalium from other types of sexually transmitted infections.
Medicine		
Vaccine		
90619	\$0.00	Non-Covered Services



Code 2020	Fee	Related information
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90694	\$0.00	Non-Covered Services Fluad Quadrivalent vaccine by Seqirus. This is an inactivated influenza vaccine indicated for active immunization against influenza disease caused by influenza virus. It is indicated for individuals aged 65 years and older. It is supplied as a 0.5 mL pre-filled syringe.
Biofeedback		
90912		These codes have been created as a result of the evolution of biofeedback for pelvic floor weakness. The structure is time-based consisting of 15 minutes increments, the same as the other physical therapy training codes
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92201		These codes were added to specify the portion of the eye that is examined in an extensive comprehensive eye exam
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92549		This add-on code (92548 primary code) was created for reporting motor control testing and adaption. The test includes 6 conditions (eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway)
Cardiovascular		
93356		Myocardial Strain Imaging has been created as an add-on code; for reporting myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics. Is reported only once per session. These services require Pre-authorization.
Non-Invasive Vascular Studies		
93985		Two codes have been created to report duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access.
93986		
Neurology		
95700		Long-term continuous recording EEGs capture brain wave activity for durations of two hours or greater. 23 new codes
95705		
95706		



Code 2020	Fee	Related information
95707		have been created to clarify this testing. These services require Pre- authorization.
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Adaptative Behavioral Services		
96156	APS	These services are part of the Mental Health Care coverage administered by APS Health PR. This code change was established to more accurately reflect current clinical practice including the increased emphasis on interdisciplinary care coordination and teamwork with physicians in primary care and specialty settings. All services are face to face
96158	APS	
96159	APS	
96164	APS	
96165	APS	
96167	APS	
96168	APS	
96170	APS	
96171	APS	
Physical Therapy Medicine and Rehabilitation		
97129		This code change is to align the code language of the CPT code set with the time-based code descriptor for HCPCS code G0515 (Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes) established by CMS in 2018
97130		
Non-face-to-face non-medical services		
98970	\$0.00	Non-Covered Services



Code 2020	Fee	Related information
98971	\$0.00	
98972	\$0.00	
Evaluation and Management		
Evaluation and Management Digital		
99421	\$0.00	Non-Covered Services
99422	\$0.00	
99423	\$0.00	
Remote Physiological Monitoring		
99458		Non-Covered Services
Self-Reported Blood Pressure Monitoring		
99473	\$0.00	Non-Covered Services
99474	\$0.00	