

Anesthesia Coding Alert

CPT® 2017: Watch Whether New Injection Codes Will Change Your Reporting

Here's the scoop on a few more choices you'll be adding.

The official release of CPT® code changes for 2017 is still a few weeks away, but we're able to share some general information so you'll have an idea of what to expect. Last month we covered probable updates to epidural and moderate sedation codes (see "Here's a Sneak Peek at What Could Be Coming in January" in Anesthesia Coding Alert, Vol. 18, N. 9). Now we've learned of more injection and destruction codes you should pay attention to in case they'll affect your claims.

Scoop 1: Four new codes will represent the injection of diagnostic or therapeutic substances. The descriptors state that the codes include anesthetics, antispasmodics, opioids, or steroids □ but that they do not include neurolytic substances. Codes are differentiated by anatomic site (lumbar/sacral or cervical/thoracic) and by whether the provider uses imaging guidance.

Scoop 2: Three new "T" codes will add choices when the provider performs percutaneous cryoablation to destroy a nerve. The difference in codes lies in the injected nerve □ upper or lower extremity distal or peripheral nerve versus the nerve plexus or other truncal nerve (such as the brachial plexus or pudendal nerve).

Why it matters: If you code strictly for anesthesia services, you might never need worry about these additions. But if your coding crosses into the pain management realm, these definitely will be options for you to consider. Stay tuned for more details in a future issue of Anesthesia Coding Alert once the American Medical Association releases the information at its CPT® and RBRVS 2017 Symposium in November.