Dermatology Coding Alert

CPT Does Away With the Starred Designations

Starting in January, your billing for certain surgical procedures will be simpler.

CPT\'s removal of the star designation means that your coding will rely more on Medicare or RBRVS (resource based relative value) guidelines and that payers will determine global periods for these services. The removal of starred procedures should simplify coding in the office setting and issues with payers, says **Katie Cianciolo, RHIA, CCS, CCS-P**, a coding consultant in Waukesha, Wis. Cianciolo explains that the starred procedure guidelines were not applied consistently and were confusing. This change also meant the deletion of CPT code 99025 (Initial [new patient] visit when starred [*] surgical procedure constitutes major service at that visit).

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Without the starred designation, CPT makes no representation as to what is considered to be a minor or a major procedure, and coders will need to consult a relative value guide to make that determination.

In the past, the starred procedure concept was essentially ignored by payers and didn\'t really affect coding. Coders usually needed to use modifier -25 (Significant, separately identifiable E/M by the same physician ...) when billing an E/M with a starred procedure, regardless of CPT guidelines. For example, a dermatologist sees an established patient for a possible wart/mole. After documenting the appropriate history, exam and medical decision-making for the visit, the dermatologist makes the determination that this is a wart and he/she can perform a wart removal at the same encounter (17000, Destruction [e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement], all benign or premalignant lesions [e.g., actinic keratoses] other than skin tags or cutaneous vascular proliferative lesions; first lesion).

Therefore, if the dermatologist performed a significant and separate E/M service for the above example, he would report the appropriate office visit code (99211-99215: Office or other outpatient visit...), append modifier -25 and report the 17000 code. Different diagnoses are not required. With the stars, 99025 could have been used to report the E/M service. Without the stars, physicians will use an E/M service with a modifier, says, **Mary Falbo, MBA, CPC**, president of Millennium Healthcare Consulting Inc. in Lansdale, Pa. Some payers recognized 99025 as a payable service, and reimbursed physicians for that service. In recent years however, as payers have adopted RBRVS, 99025 was considered a bundled code, and reimbursement was zero. Now, all payers will need to use an E/M service because both the stars and the 99025 have been removed.

But some payers do not keep pace with CPT updates. Private payers, for instance, often operate using guidelines that may be several years old, says **Marvel J. Hammer, RN, CPC, CHCO**, owner of MJH Consulting, a healthcare reimbursement consulting firm in Denver. So you may wish to contact private payers for their individual guidelines prior to submitting a claim.

Note: Appendix B of CPT 2004 contains a complete list of codes that previously had the starred designation.