Internal Medicine Coding Alert

CPT Update: Choose Test Code After Checking Panel Type

You must treat metabolic panels, infusions and FOBTs differently next year

This winter, you'll need to discern the type of panel your physician performs before you can code metabolic panel tests.

Lowdown: CPT 2008 revises one metabolic panel testing code and adds another for the service, making coding far more specific. Further, you'll need to observe minimum time guidelines for your infusion claims, and follow the new descriptor for fecal occult blood testing (FOBT), if you want to get paid for these services in 2008.

Ionized Panel Gets Its Own Code

The new descriptor for 80048 is "Basic metabolic panel (Calcium, total). This panel must include the following: calcium (82310), carbon dioxide (82374), chloride (82435), creatinine (82565), glucose (82947), potassium (84132), sodium (84295), urea nitrogen (BUN) (84520)."

Last year, 80048 did not specify that the test was a total calcium reading. This year, use 80048 solely for total calcium panels.

For ionized calcium panels, choose new code 80047 (Basic metabolic panel [Calcium, ionized]). This panel must include the following: calcium, ionized (82330); carbon dioxide (82374); chloride (82435); creatinine (82565); glucose (82947); potassium (84132); sodium (84295); urea nitrogen (BUN) (84520).

Impact: When reporting these services, coders need to be sure "which basic metabolic panel was done, which will depend entirely on the particular calcium test involved (ionized versus total)," says **Kent Moore**, manager of Health Care Financing and Delivery Systems for the **American Academy of Family Physicians (AAFP)** in Leawood, Kan.

Remember, even if your practice does not provide these services, your internist will likely order these lab panels. To avoid confusion between your patients and the lab, make sure your internist receives the updated information on how to appropriately order the basic metabolic panel.

Use 90760 Only for 31+ Minutes of Infusion

CPT also worked on the infusion code set, making changes to the codes for 2008. In 2008, the definition of 90760 reads: "Intravenous infusion, hydration; initial, 31 minutes to 1 hour."

Impact: The new descriptor calls for at least 31 minutes of infusion time in order to report 90760. Per CPT 2008, hydration of 30 minutes or less is not separately reportable. "Previously, CPT only specified that 90760 included hydration 'up to 1 hour,' without any minimum time. As a result of the change, coders will need to ensure that at least 31 minutes of hydration was provided before reporting 90760," Moore says.

The new CPT manual also adds several codes to the diagnostic injection/infusion code set. The following codes are new for 2008:

• 90769 -- Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)

• +90770 -- Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)

• +90771 -- Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (list separately in addition to code for primary procedure).

This marks the first time CPT has included separate codes for subcutaneous infusion, Moore says. "When reporting therapeutic or prophylactic infusion services, coders will now have to know whether the infusion was intravenous or subcutaneous," he says.

Use Revised FOBT Code for Take-Home, DRE Tests

There is also a significant revision to the CPT code for occult blood testing. The new descriptor for 82272 is "Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening."

Last year, the descriptor was "Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces, single specimen (e.g., from digital rectal exam)." The new definition replaces "single specimen" with "1-3 simultaneous determinations, performed for other than colorectal neoplasm screening."

According to CPT 2008 Changes: An Insider's View: "The inclusion of the phrasing '1-3' in the descriptor clarifies that 82272 is appropriately reported for assessment of either a single sample obtained from a digital rectal exam or for assessment of a three-test card prepared by the patient."