

Part B Insider (Multispecialty) Coding Alert

2013 CPT® Coding: CPT® 2013 May Include Vaccine Code Overhaul

AMA offers preliminary peek at proposed 2013 codes.

This year isn't even halfway over, but the CPT® Editorial Committee has been reading your mind and knows exactly which codes you're hoping to see in 2013. With the recently-posted online publication of the Committee's February meeting notes, you can see which code changes were proposed for 2013 that may apply to your Part B practice.

Keep in mind: Even though the proposed changes have been posted online, there is no guarantee that these changes will be instituted in CPT® 2013. As the Editorial notes indicate, "Codes are not assigned, nor exact wording finalized, until just prior to publication."

Observation Care May See Update

You might recall that one of the big changes to CPT® 2012 was the addition of typical times to the subsequent observation care codes 99224-99226, which allow physicians to code based on time when seeing patients who are treated in the observation unit. However, many coders considered it a glaring oversight that codes 99234-99236 (Observation care, including admission and discharge on the same date) did not have typical times associated with them.

The CPT® Editorial Panel's notes indicate that CPT® 2013 could include revisions to assign typical times to these codes, although it isn't yet clear what those time guidelines will be.

Vaccine Codes Might Be Linked to E/M Combos

Ask any primary care coder what the most useful revisions to vaccine coding would be, and many will request a crosswalk of applicable E/M codes that they can report with vaccines. This wish might become reality in 2013, based on the following request, which the CPT® Editorial Committee accepted in the proposal:

"Revisions to the CPT® guidelines in the Medicine/Vaccine/Toxoid Administration subsection to include a specific listing of applicable evaluation and management CPT® codes."

Such a listing would eliminate confusion about which codes can and cannot be reported along with vaccine administration codes.

Bonus: CPT® is also considering listing the applicable E/M codes that go along with the Medicine/Education/Training Patient Self-Management codes, dialysis, allergy services, pulmonary, dermatology, and other code ranges to make your claims submissions easier.

Vaccine Codes May See Overhaul

As vaccine technology evolves, so do CPT® codes for these services, and you're probably familiar with the fact that vaccine codes often change from one year to the next. 2013 will be no different if the proposals that the Committee approved are eventually finalized. Among the changes you'll find the following:

- Revision of influenza virus vaccines 90655-90658 to include the term "trivalent" so they'll be distinguished from developing quadrivalent flu vaccines
- Inclusion of a new code in the 906xx range for a new intranasal quadrivalent influenza vaccine, with a corresponding revision to code 90660 (Influenza virus vaccine, live, for intranasal use) to reflect its nature as a trivalent vaccine

- Introduction of a new code in the 906xx series to describe an adjuvant influenza vaccine
- Deletion of tetanus and diphtheria code 90718 since the preservative-free code 90714 accurately describes all existing vaccine products in this category
- Creation of a new code in the 9074x series to describe an adult two-dose Hepatitis B vaccine; the existing code 90746 would be revised to specify that it should be used for the three-dose product formula

CPT® Proposes Much-Needed Migraine Coding Update

Physicians who offer chemodenervation to treat chronic migraines have been confused by a lack of specific codes in this range (64612-64613) to describe migraine treatment, but the Editorial Committee proposed an update to end that problem. The new proposal suggests a new code in the 646xx range to describe "chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)."

The existing code 64612 (Chemodenervation of muscle[s]; muscle[s] innervated by facial nerve [eg, for blepharospasm, hemifacial spasm]) would consequently be revised to include the term "unilateral" to more clearly differentiate the two codes.

Food Allergy Testing Could See New Codes in 2013

Currently, if your physician performs an ingestion challenge test for food allergens, you have to report 95075 (Ingestion challenge test [sequential and incremental ingestion of test items, eg, food, drug, or other substance such as metabisulfite]). However, the CPT® Editorial Committee may change that next year, with a proposal to introduce separate codes to differentiate food allergy testing from other ingestible allergens.

Other 2013 Proposals Span Specialties

In addition, it appears that CPT® may plan to overhaul the chest tube placement, molecular pathology, electromyography, and nerve conduction study codes with the introduction of new codes and deletion of several existing codes, but as yet it is unclear what the new codes would represent and how they would be different from the existing 2012 codes.

To read the complete summary of the Committee meeting, visit <http://www.ama-assn.org/resources/doc/cpt/summary-of-panel-actions-feb2012.pdf>