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# Part B Insider (Multispecialty) Coding Alert

## Coding Descriptors: Changes Make It Easier to Bill for Multiple Bronchoscopy Sites

The 2004 CPT book updates the descriptors for several bronchoscopy codes, and the change may make it easier to bill for multiple bronchoscopies.

The descriptors for three codes changed to make it clearer that you shouldn't bill for multiple instances of the same code on the same date of service. **CPT code 31625** now reads: Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial or endobronchial biopsy(s), single or multiple sites.

And two other codes changed their descriptors: 31628 (... with transbronchial lung biopsy[s], single lobe) and 31629 (... with transbronchial needle aspiration biopsy[s], trachea, main stem and/or lobar bronchus[i]).

In all three cases, the descriptors added phrases (single or multiple sites, single lobe, trachea, main stem and/or lobar bronchus) that at least one carrier is interpreting as forbidding multiple units of the same code. But in fact, the changes may pave the way for billing multiple transbronchial biopsies and multiple needle aspiration biopsies, says **Carol Pohlig**, with the department of medicine at the University of Pennsylvania.

It was never allowed to bill multiple units of 31625, Pohlig says. But in the past, providers did try, with limited success, to bill more than one unit of 31628 or 31629, appending modifier -22 (Unusual procedural services) or -59 (Distinct procedural service) to indicate multiple sites. Now instead you can use 31628 or 31629 for the first bronchoscopy and then bill 31622 (Bronchoscopy, rigid or flexible ...) or 31623 (... with brushing or protected brushings) for each additional site.

But some experts still believe it's possible to bill for multiple units of a single code. "Since some diseases occur in multiple lobes of the lung, this procedure may still allow the -51 modifier [Multiple procedures] if multiple site biopsies are performed," says **Charlie Strange**, a doctor with the department of pulmonary medicine at the Medical University of South Carolina in Charleston.

With the new descriptors, "we do have a potential increase in revenue," Pohlig says. "Not that we do it that often, but when we do do it, we can actually be reimbursed for what we do now."

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