

Part B Insider (Multispecialty) Coding Alert

CPT 2005: Confused About How To Bill For APBI? Help Is Here!

New codes could end APBI reimbursement woes

Many carriers issued Local Coverage Determinations for Accelerated Partial Breast Irradiation last summer (see PBI, Vol. 5, No. 26, p. 196), but there was no way to bill for a huge part of these procedures. All that should change in the new year.

Experts expect three new codes to come out in January for breast catheter placement for radiation therapy after a lumpectomy. APBI targets part of the breast after a lumpectomy over a five-to-six-day period, instead of the weeks that older techniques take.

Two new codes cover **Proxima Therapeutics'** MammoSite radiation therapy system, which involves inserting a balloon catheter into the breast: 19296 (Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy) and an add-on code, 19297 (Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy [List separately in addition to code for primary procedure]).

A third code, 19298, covers the insertion of radiotherapy afterloading brachytherapy catheters of the older multiple tube-and-button type.

"New data on partial breast irradiation," spurred these codes' introduction, says oncologist **Michael Stein-berg**, who represented the **American Society for Therapeutic Radiology and Oncology** in the CPT Editorial Panel meetings. Before, "there was no reimbursement for the physical work of putting [the catheters] in, either for the physician or the technician."

Separately, sources expect CPT 2005 to include half a dozen new codes for laryngoscopy and bronchoscopy. Two new codes (31545-31546) will cover direct laryngoscopy using an operating microscope or telescope, "with submucosal removal of non-neoplastic lesion(s) of the vocal cord; reconstruction with local tissue flap(s)." The second code will also include "reconstruction with graft(s)," including obtaining an autograft.

These new codes came about because physicians felt the old laryngoscopy codes didn't accurately describe the work they were doing, according to **Steve Peters**, a pulmonary and critical care medicine consultant at the **Mayo Clinic** in Rochester, MN, who attended CPT Editorial Panel meetings.

CPT 2005 also will include one new add-on code (31620) for endobronchial ultrasound (EBUS) during a bronchoscopic diagnostic or therapeutic intervention.

In addition, pulmonologists will gain three new bronchial stenting codes. Two codes (31636-31637) will cover stent placement and each additional major bronchus stented. A third code (31638) will cover revision of tracheal or bronchial stents. These codes include tracheal/bronchial dilation as needed. Also, CPT 2005 revises bronchoscopy code 31631 to cover bronchoscopy with stent placement, including tracheal/bronchial dilation.

Previously, the codes assumed that physicians would use only a single stent for the tracheal/bronchial area, according to Peters. "Some people said, 'You put one stent and it's a basic area,'" but "some patients are complex." Some patients will require a tracheal stent, followed by a bronchoscopy and a debulking, and then the surgeon decides a main stem bronchial stent is necessary. "There was no provision for more than one thing being done," says Peters.

The representative from the **Centers for Medicare & Medicaid Services** was concerned that an add-on code for additional stents would encourage surgeons to "stack up tiny little bits of stent" into patients' throats to gain extra payment, according to Peters. He doubts "even the most unscrupulous" surgeon would do that to a patient, but the Panel agreed in any case to limit the add-on code to one additional stent.