Part B Insider (Multispecialty) Coding Alert

CPT 2006: Modify Claims for GI Laparoscopy, FOBT And Moderate Sedation

And prepare for follow-up consult deletions, some sources warn

The **American Medical Association** has released the tentative agenda for its CPT 2006 Coding Symposium, to be held Nov. 17 and 18 in Chicago. The agenda gives the first official clues as to which areas next year's coding changes will address.

The agenda includes updates on fecal occult blood tests (FOBT), nursing facility and domiciliary care services, "practical E/M coding," GI laparoscopy procedures, electrophysiology, "hydration, infusions, chemotherapy," moderate sedation, skin replacement surgery, and pathology/laboratory procedures.

Some coding experts expressed disappointment about the changes posted in the agenda. "It doesn't look too exciting," says one consultant, who notes that the sessions only cover seven topics. She speculates that the pathology/laboratory changes may come in response to the Health Insurance Portability and Accountability Act.

Other sources say, however, that the 2006 CPT updates will include some fairly drastic changes:

1. **deleting** follow-up inpatient consultation codes 99261-99263 and confirmatory consultation codes 99271-99275. Instead, you'll bill for all follow-up inpatient care using subsequent hospital care codes 99231-99233. And you'll have to choose between regular consult and non-consult evaluation and management codes, depending on the setting and whether the visit meets the definition of "consultation."

2. **clarifying** the explanatory text for modifier 25. The new explanation will state that a "significant, separately identifiable E/M service" should have documentation that meets the requirements for the E/M service being reported.

3. **adding** two new care plan oversight codes for patients who aren't necessarily under the care of a home health agency, nursing facility or hospice. The new updates will also include add-on codes for chemodenervation.

   Axing the confirmatory consult codes is a sensible change because the descriptor for those codes always included a physical examination, notes another coding expert. And a physician who's asked for a confirmatory consult about the decision for surgery will seldom need to examine the patient.

   But the expert argues physicians should be able to bill for an inpatient consult - instead of follow-up inpatient care - if they're asked to render their opinion a second time on a patient.