

Part B Insider (Multispecialty) Coding Alert

CPT 2010: CPT 2010 Retains Consult Codes, Adds Specificity to Tumor Excision Codes

Plus: Look for new nerve conduction study, facet joint injection codes.

Although CMS has proposed halting payment for the consultation codes (99241-99255) in 2010, the AMA chose not to delete them, keeping them in the CPT manual for another year.

Keep in mind: The fact that the consult codes appear in CPT 2010 is no indication of whether Medicare will actually cover the services next year. Keep your eye on the Insider for information on the 2010 Medicare Physician Fee Schedule, which will confirm whether payment applies to the codes effective Jan. 1.

New NCS Code Appears

CPT 2010 will be adding new code 95905 (Motor and/or sensory nerve conduction, using preconfigured electrode arrays, amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report), which describes nerve conduction studies for both the motor and sensory studies together.

Facet Joint Codes Shift

CPT attempts to organize the facet joint injection codes by deleting 64470-64476 and debuting 64490-64495 in their place, as follows:

- 64490 -- Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
- 64491 -- ... second level
- 64492 -- ... third and any additional level(s)
- 64493 -- Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
- 64494 -- ... second level
- 64495 -- ... third and any additional level(s).

"Pain management coders are going to have to be on the ball to read these, to make sure that they don't code these inappropriately," says **Leslie Johnson, CPC**, quality control auditor for Duke University Health System and owner of the billing and coding Web site AskLeslie.net. "I like the fact that they include the terminology of 'zygapophyseal joint' and further expound with 'or nerves innervating that joint,'" she says.

This means that there may be other eponyms or names for nerve blocks that may fall into this brandnew CPT code description, Johnson says. "Physicians are going to have to be more specific if they are going to pinpoint the correct code(s) for what they're doing," she says. "If it's stated as a 'dorsal rami injection,' will it be a third occipital nerve block (64450 if by scalp or 64999, unlisted) or will it be 64490?" Johnson says.

Communication and partnership between the coder and the physician is going to be more crucial than ever before, Johnson says. "Watch for increasing levels of specificity to surface as we near the deadline date for the implementation of ICD-10."

Tumor Codes Get Specific

CPT 2010 created over a dozen tumor excision codes that require you to designate the tumor size. For instance, code 21930 represents a tumor excision of the soft tissue of the back or flank measuring less than 3 cm, while 21931 describes the same tumor but 3 cm or greater.

"Until these codes, there has never been a way to express the depth of removing a tumor or tumorous mass except with modifier 22 (Unusual procedural services)," Johnson says.

"In theory, the size of a tumor should fairly well reflect the depth and difficulty in terms of work that has to be done to remove the tumors," Johnson says. "Payment received should be reflective of that work -- more money for more work."

Payment: "It will be interesting to see how the RVUs stack up to the existing codes now that they are billed according to size," says **Leslie Follibout, CPC, COSC, PCS**, coding department supervisor with Peninsula Orthopedic Associates in Salisbury, Md.