Part B Insider (Multispecialty) Coding Alert

CPT® 2012: New Codes Abound for Skin Substitutes, Rhizotomy, Orthopedics

Plus: Check out time guidelines for initial observation codes.

Have you ever wished that CPT® would put a time guide on its observation codes? Then you'll be in luck as of Jan. 1, when the new manual will offer specific typical times that relate to each of the initial observation care codes. These changes and many more can be found in the pages of the new edition of the CPT® manual, with codes that take effect on Jan. 1, 2012.

Observation Time Guidelines Could Help You Out

When CPT® 2011 debuted the subsequent observation care codes 99224-99226, many coders were left scratching their heads at the fact that those new codes featured typical times associated with them, even though the initial observation care codes 99218-99220 don't have typical times. The new edition of your CPT® manual, which takes effect on Jan. 1, will remedy that problem, with the addition of the following typical time guidelines:

- 99218 -- ...Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit
- 99219 -- ...Physicians typically spend 50 minutes at the bedside and on the patient's hospital floor or unit
- 99220 -- ...Physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit

Although the specific reasons for the CPT® committee's inclusion of these codes won't be crystal clear until the AMA's November CPT® Symposium, it looks like the addition of typical times could open the door for coding based on time.

"There are only two ways that you can use time as a basis for selecting an E/M code," says **Barbara J. Cobuzzi, MBA, CPC, CENTC, CPC-H, CPC-P, CPC-I, CHCC,** president of CRN Healthcare Solutions, a consulting firm in Tinton Falls, N.J. "If counseling/coordination of care takes up 50 percent or more of the visit, and if the code has a typical time associated with it. So by these codes now having a time reference, it sounds like we may have a way to reference time used if counseling or coordination of care takes up at least 50 percent of a visit. In addition, this could open the door to collecting for prolonged service times if the time the doctor spends exceeds 30 minutes more than the allotted time, and the visit notes are documented as such," Cobuzzi adds.

New 2012 Modifier May Not Mean Extra Pay

It isn't every year that CPT® adds new modifiers for your coding and billing needs, so when you see a new one gracing the pages of your 2012 manual, you might get excited--"but don't rejoice just yet.

Modifier 33 (Preventive service) went into effect on Jan. 1, 2011, but it didn't make it into the 2011 CPT® book due to publishing deadlines, so the modifier will be making its first appearance in the 2012 manual. According to CPT®, the modifier should be appended "when the primary purpose of the service is the delivery of an evidence based service in accordance with a US Preventive Services Task Force A or B rating in effect and other preventive services identified in preventive services mandates."

Part B pay: Unfortunately, you're not likely to get any love from your MACs with this new modifier. According to a Q&A on WPS Medicare's Web site, Medicare does not recognize modifier 33 (www.wpsmedicare.com/part_b/resources/provider_types/awv-faq.shtml).

Say Hello to New Rhizotomy Codes

Coders who report paravertebral face joint nerve injections will find big changes awaiting this year, with codes 64622-64627 wiped away from the new edition of CPT®. Instead, you'll find the following revamped code set in their place:

- 64633 -- Destruction by neurolytic agent, paravertebral facet joint nerves with imaging guidance (Fluoroscopy or CT), cervical or thoracic, single facet joint
- +64634 -- ...cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
- 64635 -- ...lumbar or sacral, single facet joint
- +64636 -- ...lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)

A parenthetical note following the new codes indicates that imaging guidance (fluoroscopy, CT) "are inclusive components of 64633-64636," so you should not separately report image guidance, injection, or contrast with these codes. "If CT or fluoroscopic imaging is not used, report 64999, Unlisted procedure, nervous system)," CPT® notes.

Bottom line: "These new codes are for the rhizotomies," says **Rebekah Constant, CPC,** coding and billing associate with Hawthorn Medical Associates, LLC in North Dartmouth, Mass. "We always use fluoroscopy for these injections and do them under anesthesia in our ASC. Instead of the old codes reading 'each level,' the new codes state 'facet joint,'" she says.

Replace Your Arthrodesis Options

Spine specialists will be pleased about the following additions to the arthrodesis category:

- 22633 -- Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment, lumbar
- +22634 -- ...each additional interspace and segment (List separately in addition to code for primary procedure)

In addition, you'll find revisions to 22610 and 22612, which now state "with lateral transverse technique, when performed." Therefore, a parenthetical note states, "Do not report 22612 in conjunction with 22630 for the same interspace and segment, use 22633).

Another clue to the appropriate use of new code 22634 can be found in a separate parenthetical note, which states, "When performing a combined posterior or posterolateral technique with posterior interbody arthrodesis at an additional level, use 22634."

Orthopedic Code Changes Abound

Bone and joint physicians will be pleased to see the following new codes that will affect orthopedic practices:

- 20527 -- Injection, enzyme (eg, collagenase), palmar fascial cord (ie Dupuytren's contracture)

CPT® will also revise code 29581, the descriptor for which will now read, "Application of multi-layer compression system; leg (below knee), including ankle and foot." In addition, CPT® will add the following codes after 29581:

- 29582 -- Application of multi-layer compression system; thigh and leg, including ankle and food, when performed
- 29583 -- ...upper arm and forearm
- 29584 -- ...upper arm, forearm, hand, and fingers

Check Out New Skin Substitute Codes

If some of your favorite CPT® codes came from the acellular dermal replacement range 15170-15176, you'll have to change gears. CPT® 2012 will delete those codes and will debut the following new integumentary codes:

- 15271 -- Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq. cm; first 25 sq. cm or less wound surface area
- +15272 -- ...each additional 25 sq. cm wound surface area or part thereof (List separately in addition to code for primary procedure)
- 15273 -- Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq. cm; first 100 sq. cm wound surface area, or 1% of body area of infants and children
- +15274 -- ...each additional 100 sq. cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- 15275 -- Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 s. cm; first 25 cm or less wound surface area
- +15276 -- ...each additional 25 sq. cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
- 15277 -- Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq. cm; first 100 sq. cm wound surface area, or 1% of body area of infants and children
- +15278 -- ...each additional 100 sq. cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)

For much more on the new CPT® codes, check out next week's edition of Part B Insider, where we'll feature new pulmonary, cardiology, radiology, and lab codes that will impact you in 2012.