

Part B Insider (Multispecialty) Coding Alert

CPT® 2012: Vaccine Code Set Gets A Booster Shot in 2012

Plus: CPT offers slight overhaul to electromyography codes.

CPT has left its electromyography (EMG) section alone for several years now, so you might not have been looking for updates to that part of the manual--but you'll get a great surprise this year when you see that the EMG codes have been expanded effective Jan. 1.

As you read in last week's Insider, the new CPT® manuals have shipped out and they offer several new, revised, and deleted codes for 2012. Check out the following changes that could affect the way you report your practice's vaccine, pain management, and otolaryngology services.

Take Note of New Flu Vaccine Code

You may be cheering the addition of a new flu vaccine code in CPT 2012, but once you read the fine print, the "new" code may reflect "old" news.

The AMA introduced code 90654 (Influenza virus vaccine, split virus, preservative-free, for intradermal use) effective Jan. 1, 2011, but it was too late to make it into the 2011 CPT manual. Therefore, the code makes its first appearance in CPT 2012, even though you've probably already reported it.

Check it out: CMS has already assigned a relative value to 90654--this flu season, you'll collect \$18.383 for administration of the preservative-free split virus for intradermal use.

Audiology, ENT Practices: Take Note of New Testing Codes

You'll also find a few changes this year if your practice performs services for hearing disorders, with the following adjustments included effective Jan. 1, 2012:

CPT will introduce new code 92558 (Evoked otoacoustic emissions, screening [Qualitative measurement of distortion product or transient evoked otoacoustic emissions], automated analysis) as a new code. The following revised codes will be listed after it:

- 92587 -- Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report
- 92588 -- comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report

In addition, CPT appears to be taking into account the length of time it takes to evaluate a patient for a new hearing device, adding time guidelines to code 92605 and offering a new add-on code for additional time, as follows:

- 92605 -- Evaluation for prescription of non-speech-generating augmentative and alternative communication device; face-to-face with patient; first hour
- +92618 --...each additional 30 minutes (List separately in addition to code for primary procedure)

Prepare Now for New EMG Testing Codes

If your physician ever performs electromyography (EMG) along with nerve conduction studies, you now have three add-on codes to report those EMG tests, as follows:

- +95885 -- Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)
- +95886 -- ...complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)
- +95887 -- Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)

Reason for 'add-on' status: Keep in mind that these new codes should only be reported as add-on codes when nerve conduction studies (95900-95904) are also performed. If your physician performs an EMG but does not perform nerve conduction studies, then resort to the existing EMG-only codes (95860-95872).

Double add-ons may be okay: CPT explains the usage of the new EMG codes in its "electromyography" introductory notes, where it states, "Report either 95885 or 95886 once per extremity. Codes 95885 and 95886 can be reported together up to a combined total of four units of service per patient when all four extremities are tested."