

Part B Insider (Multispecialty) Coding Alert

CPT® 2013: Pleural Aspiration and Drainage Will Be Easier to Code in 2013

32555 and 32557 promise a simpler coding path as well, experts say.

Radiologists who perform thoracentesis and pleural drainage will have something to cheer about when they receive their CPT® 2013 manuals, because those codes are better described thanks to code additions and revisions.

Look at Lung Additions, Deletions, and Revisions, Too

Coding for removing fluid from the chest cavity will look a little different in the New Year.

Deleted: Expect CPT® 2013 to delete these codes:

- 32420, Pneumocentesis, puncture of lung for aspiration
- 32421, Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
- 32422, Thoracentesis with insertion of tube, includes water seal (e.g., for pneumothorax), when performed (separate procedure).

Added: In their place, you can expect to see four new codes. Pay particular attention to "with imaging guidance" codes 32555 and 32557:

- 32554, Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
- 32555, ...with imaging guidance
- 32556, Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance
- 32557, ... with imaging guidance.

Revised: Code 32551 has some wording changes you should be sure to note:

- 2012: 32551, Tube thoracostomy, includes water seal (e.g., for abscess, hemothorax, empyema), when performed (separate procedure)
- 2013: 32551, Tube thoracostomy, includes connection to drainage system (e.g., water seal), when performed, open (separate procedure)

Matching Codes to Procedures Should Be Simpler

Good news: These changes should help clarify proper coding, says **Lori Hendrix, CPC, CPC-I, CPC-H, CIRCC, PCS, FCS**, senior project coordinator, compliance department, for Wellstar in Georgia.

In the past, this set of codes has "seemed to be somewhat of a challenge to coders," Hendrix says. A common area for confusion is "aspiration versus the drainage tube, and the new codes explain it better." Eliminating the pneumocentesis aspiration code will further reduce confusion, she says.

Aspiration vs. indwelling catheter: Based on the new code definitions, 32554 and 32555 apply to aspiration, and 32556 and 32557 apply when the physician places an indwelling catheter as part of the fluid removal service. An indwelling catheter is a small flexible tube placed with one end in the chest and the other end outside the skin. The catheter is left in place to allow for drainage.

Needle/catheter aspiration: Another typical troublemaker with the 2012 codes is how to code when the physician uses a catheter rather than a needle for aspiration. Codes 32554 and 32555 will help clarify this by specifying "needle or

catheter."

Imaging guidance: The 2013 codes continue the CPT® trend of bundling imaging guidance into interventional procedures, Hendrix notes. Codes 32555 and 32557 specify "with imaging guidance." As a radiology coder, you're more likely to use these codes instead of 32554 and 32556, which are for services "without imaging guidance."

The bottom line is that you should not report imaging separately for 32554-32557 in 2013. This marks a change from 2012 codes 32421 and 32422, which instruct you to report guidance separately (76942, 77002, or 77012).

Don't forget 32551 revision: In 2013, the definition of chest tube insertion code 32551 will specify that the service is an open procedure. Physicians perform tube thoracostomy to remove fluid from between the chest cavity and lungs.