

## Part B Insider (Multispecialty) Coding Alert

### CPT® 2013: Start Learning These Allergy Changes Now

#### New CPT® manual will update ENT codes.

If you treat otolaryngology or allergy patients, the new edition of CPT® will make you smile, thanks to additional codes that better describe the services you perform.

For example, you'll find two new codes for intraoperative neurophysiology monitoring (IONM): +95940 (Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes [List separately in addition to code for primary procedure]) and +95941 (Continuous intraoperative neurophysiology monitoring, from outside the operating room [remote or nearby] or for monitoring of more than one case while in the operating room, per hour [List separately in addition to code for primary procedure]).

These two codes replace 95920 (Intraoperative neurophysiology testing, per hour [List separately in addition to code for primary procedure]), which CPT® 2013 deletes. Like 95920, the two new codes are add-on codes, so you should not use modifier 51 (Multiple procedures) with them. Additionally, you won't apply a multiple surgery discount. Physicians use this CPT® code when performing nerve monitoring during complex surgical procedures involving cranial nerves.

Watch out: You cannot report these codes without first reporting the ENG codes for setting up the monitoring: 95867-26 (Needle electromyography; cranial nerve supplied muscle[s], unilateral; professional component) for ear or parotid or 95868-26 (Needle electromyography; cranial nerve supplied muscles, bilateral; professional component) for the thyroid. The new codes differentiate between monitoring that is done on site in the OR and monitoring that is being performed offsite (remote monitoring).

#### Don't Miss These Allergy Revisions, Deletions, and Additions

Most of the allergy CPT® 2013 changes you'll need to adopt relate to revisions, deletions, and additions. So if you miss these subtle differences, then you may be setting yourself up for lost reimbursement or a denial.

Note: The new wording is underlined, and you'll see the deleted wording via the strikethroughs.

Revisions: For instance, you'll see that 95004 (Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests) deletes the phrase "by a physician."

You'll find a similar revision to 95024 (Intracutaneous [intra-dermal] tests with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests) and 95027 (Intracutaneous [intra-dermal] tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report by a physician, specify number of tests).

CPT® clarifies who can perform allergen immunotherapy by adding the following revision to 95120-95134 (Professional services for allergen immunotherapy in prescribing physician's~~the~~ office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract ...).

These wording deletions fall in line to how most operations are set up, with the testing usually performed by an allergy nurse and the immunotherapy also administered by an allergy nurse, says **Barbara Cobuzzi, MBA, CPC, CENTC, CPCH, CPC-P, CPC-I, CHCC**, president of CRN Healthcare Solutions, a consulting firm in Tinton Falls, N.J. The practice, however still has to be concerned with following the diagnostic supervisory guidelines for allergy testing and incident to guidelines for providing immunotherapy when these services are provided by someone other than the physician.

Deletions: Meanwhile, you should delete 95010 (Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests) and 95015 (Intracutaneous (intra-dermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests) from your coding cache.

Also, you will no longer use 95075 (Ingestion challenge test [sequential and incremental ingestion of test items, eg, food, drug or other substance such as metabisulfite]).

Additions: Then, you should add 95017 (Allergy testing, any combination of percutaneous [scratch, puncture, prick] and intracutaneous [intra-dermal], sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests) and 95018 (Allergy testing, any combination of percutaneous [scratch, puncture, prick] and intracutaneous [intra-dermal], sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests).

You should also add 95076 (Ingestion challenge test [sequential and incremental ingestion of test items, e.g., food, drug or other substance]; initial 120 minutes of testing) and +95079 (...each additional 60 minutes of testing [List separately in addition to code for primary procedure]).