

Part B Insider (Multispecialty) Coding Alert

CPT® 2013: Urology Coding Changes Will Take Your Claims to A New Level

You'll have to wait until later in the year to hear about payment, however.

Since urologists began using Botox to treat urinary dysfunctions, coders have been challenged to find a way to capture reimbursement for those services without a CPT® code to describe them.

Good news: Starting Jan. 1, 2013 you will have a new CPT® code to report Botox bladder injections. Here's the scoop.

CPT® 2013 will introduce new code 52287 (Cystourethroscopy, with injection[s] for chemodenervation of the bladder). "You will be able to use this new code for Botox injections into the bladder," says **Michael A. Ferragamo, MD, FACS**, clinical assistant professor of urology, University Hospital, State University of New York, Stony Brook. You will report 52287 just once per encounter regardless of how many injections your urologist does since the code descriptor specifies "injection(s)," he adds.

Skip the unlisted: Right now there is no specific CPT® code for Botox bladder injection procedures. Medicare and many other private and commercial carriers have suggested using 53899 (Unlisted procedure, urinary system) for the cystoscopy and bladder wall injections.

This coding method for Botox bladder wall injections has been suggested by CMS, and you can find the details in local coverage determinations (LCDs) from several states.

"52287 I would assume would replace the unlisted code 53899 for Botox injection," says **Christy Shanley, CPC**, department administrator for the University of California, Irvine department of urology.

Look Forward to Easier Botox Pay

The problem: Often urologists have not been paid for this procedure, and even if they were eventually paid, the hassle of using an unlisted code and the work involved to get paid with those codes has been challenging.

Presumably, it will now be easier to bill and receive reimbursement. "Based on the RVU for it, [having a definitive code now] could be a good thing," says **Chandra L Hines**, practice supervisor of Wake Specialty Physicians in Raleigh, NC.

The catch: There has been no announcement yet as to what the relative value units (RVUs) will be for 52287. That means no one really knows at this time what payers will actually pay for the code. "My guess is \$150-\$200 because that is what carriers were paying when urologists reported the unlisted code, but until we see what RVUs will be assigned, that is just a guess," Ferragamo explains.

Stick With ICD-9 and HCPCS Codes You're Using Now

Although payers will likely list acceptable diagnosis codes to be used with 52287, most experts agree that the codes will likely be the same as the ICD-9 codes previously used to support medical necessity for Botox bladder treatments. Those codes include the following:

- 596.52 -- Low bladder compliance
- 596.54 -- Neurogenic bladder NOS
- 596.55 -- Detrusor sphincter dyssynergia
- 596.59 -- Other functional disorder of bladder

- 599.82 -- Intrinsic (urethral) sphincter deficiency [ISD]
- 788.31 -- Urge incontinence
- 788.33 -- Mixed incontinence (male) (female)
- 788.34 -- Incontinence without sensory awareness.

Key: You'll need to check your payer's specific LCD policy to see which diagnosis codes they will allow with 52287.

You'll also keep the same HCPCS code for the drug itself: "urologists use Botox Type A", Ferragamo says. Type A is also known as onabotulinum (Botulinum). For this drug, report J0585 (Injection, onabotulinumtoxinA, 1 unit) per unit.

Example: In the office your urologist administers 200 units of Botox via bladder wall injection for a patient with neurogenic bladder. Your practice provides the Botox. As of Jan. 1, you'll report this procedure as follows:

- 52287 on line 1 for the injection with diagnosis code 596.54
- J0585 on line 2 with 99 units listed in box 24G along with 596.54 as the diagnosis
- J0585-59 on line 3 with 99 units listed in box 24G along with 596.54 as the diagnosis
- J0585-59 on line 4 with 2 units listed in box 24G along with 596.54 as the diagnosis.

Note: If your computer billing system accepts three digits in column 24G of the 1500 form or the electronic equivalent space, add 200 units on one line to indicate the units of Botox administered instead of the above coding scenario where a system accepts only two digits in box 24G.