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Part B Insider (Multispecialty) Coding Alert

CPT® 2014: 19102, 37205, and Other Codes Are on the Chopping Block for CPT® 2014

Don't miss these potential changes to abscess drainage, embolization, and AAA coding, too.

If you need a break from ICD-10 transition prep, try perusing these possible CPT® 2014 code revisions instead. The list is longest for interventional coders, who can look forward to a variety of additions and deletions.

Caution: The potential revisions below are listed as "accepted" in the October 2012 and January-February 2013 CPT® Editorial Panel meeting summaries. The actual codes, descriptors, and guidelines won't be finalized until closer to the time of CPT® 2014's official publication.

Prepare for Big Changes to Breast Biopsy

You can expect to see CPT® 2014 add 14 codes that will bundle the following:

- Breast biopsy services with localization device and imaging guidance services
- Breast localization device services with imaging guidance services.

The new codes will be in the 19XXX range, according to the October summary.

To make room for these new codes, the plan is to delete the following seven codes:

- 19102-19103, Biopsy of breast percutaneous ...
- 19290-19291, Preoperative placement of needle localization wire, breast ...
- +19295, Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)
- 77031, Stereotactic localization guidance for breast biopsy or needle placement ...
- 77032, Mammographic guidance for needle placement, breast ...

Focus on 4900X for Abscess Drainage

Abscess drainage codes will be less spread out, if 2014 changes go as planned.

In CPT® 2013, codes for drainage by image-guided, catheter-based fluid collection are found in multiple code ranges. You also have 75989 (Radiological guidance [i.e., fluoroscopy, ultrasound, or computed tomography], for percutaneous drainage [e.g., abscess, specimen collection], with placement of catheter, radiological supervision and interpretation) for the related imaging supervision and interpretation services.

For 2014, the Editorial Panel accepted the addition of a 1002X code and several codes in the 4900X range for abscess drainage. A number of codes will be deleted to make room for the new codes. In addition to 75989, some of the affected codes include:

- 49021, Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous
- 49041, Drainage of subdiaphragmatic or subphrenic abscess; percutaneous
- 49061, Drainage of retroperitoneal abscess; percutaneous
- 50021, Drainage of perirenal or renal abscess; percutaneous.

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To see the complete list of codes, review the October 2012 meeting summary (www.ama-assn.org/resources/doc/cpt/oct-2012-cpt-panel-action-memo.pdf).

Check 77002 for Revised Guideline

A third accepted proposal from the October 2012 meeting relates to an instruction rather than a code definition.

The Editorial Panel accepted a revision to a parenthetical instruction for 77002 (Fluoroscopic guidance for needle placement [e.g., biopsy, aspiration, injection, localization device]). The goal of the not-yet-released instruction is to help clarify reporting of fluoro with arthrography.

Replace 37204, 37210 With New Embolization Options

The January-February 2013 CPT® Editorial Panel Meeting "Summary of Panel Actions" holds its own collection of newsworthy changes (www.ama-assn.org/resources/doc/cpt/summary-jan-feb-2013-panel-meeting.pdf).

One of the accepted changes is to do away with embolization codes 37204 and 37210:

- 37204, Transcatheter occlusion or embolization (e.g., for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck
- 37210, Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure.

In their place, expect four new codes bundling in embolization and occlusion services in the 37XXX range. To help ensure proper reporting, CPT® plans to add a subsection with new guidelines.

Say So Long to Stent Codes 37205-+37208

The January-February 2013 meeting summary has news for those coders who report stent services, too.

The Editorial Panel accepted the deletion of codes 37205-+37208 and 75960:

- 37205-+37206, Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous ...
- 37207-+37208, Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open ...
- 75960, Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel.

Four new codes in the 37XXX range will replace the deleted codes and will include placement of intravascular stent(s) as well as radiological supervision and interpretation.

Plan for Separate Retrograde Cervical Option

You also can anticipate seeing a new 37XXX code for transcatheter stent placement via an open cervical carotid artery access. The code will be specific to retrograde treatment of a lesion. Recall that retrograde means against the direction of blood flow. The January-February 2013 summary shows this request has been accepted.

Count Up to 8 New AAA Codes

Finally, the Panel accepted a transition to Category I for certain abdominal aortic aneurysm (AAA) Category III codes.

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The following codes will be deleted, according to the January-February meeting summary:

- 0078T, Endovascular repair using prosthesis of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral branches (superior mesenteric, celiac and/or renal artery[s])
- +0079T, Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch (List separately in addition to code for primary procedure)
- 0080T, Endovascular repair using prosthesis of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral vessels (superior mesenteric, celiac and/or renal artery[s]), radiological supervision and interpretation
- +0081T, Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch, radiological supervision and interpretation (List separately in addition to code for primary procedure)

The move to Category I will create eight new codes in the 348XX range. The codes will include endovascular repair and RS&I. You'll also have new guidelines and instructions to help you properly code these services, which are known as fenestrated endovascular repair (FEVAR).

Keep Tabs on Online Updates

You may access all available Panel Action Summaries from www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/cpt-summary-panel-actions.page.

The files related to the items above are "2013 Jan-Feb, CPT® Editorial Summary of Panel Actions" and "2012-Oct, CPT® Editorial Summary of Panel Actions." Actions from the May meeting will be posted this summer.

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