

Part B Insider (Multispecialty) Coding Alert

CPT® 2014: New Edition of CPT® Debuts 'Interprofessional Telephone/Internet' E/M Codes

Plus: You'll also find changes to cerumen removal, shoulder prosthesis removal codes.

When Medicare stopped paying for consultations in 2010, you probably thought you'd never see another of these codes making its debut in a CPT® book—but that's exactly what you'll find when you crack open CPT® 2014.

Effective Jan. 1, CPT® will include four new codes that describe the work of two medical professionals who discuss a patient's condition via phone or internet, as follows:



As in the past, these new codes are consultative in nature, which means you'll have to provide a written report back to the requesting physician to qualify for the code, as indicated by the phrase "including a verbal **and** written report" (emphasis added). It isn't clear yet whether Medicare will include payment for these codes, since they are consultations, but keep an eye on the Insider for more on whether these are payable once the 2014 Medicare Physician Fee Schedule is released.

Cerumen Removal Now Strictly Unilateral

For those coders who have struggled with the question of how to report cerumen removal when it involves both ears, the answer is now clear that you'll need to append a bilateral modifier (modifier 50) to 69210. Although the descriptor for this code used to say "one or both ears," it now specifically states "unilateral."

In addition, although Medicare payers specifically indicated that practitioners had to use instrumentation when removing impacted cerumen to qualify for 69210, CPT® now follows that lead and puts it right in the code description, with the full descriptor now stating, "Removal of impacted cerumen requiring instrumentation, unilateral." Therefore, using ear lavage, water pik or ear washings will not qualify for 69210 because they don't qualify as instrumentation (instead, items like forceps or wax curettes are considered instrumentation).

CPT® Updates Surgery Offerings

When it comes to surgery, CPT® will debut new code 10030 (Image-guided fluid collection drainage by catheter [eg, abscess, hematoma, seroma, lymphocele, cyst], soft tissue [eg, extremity, abdominal wall, neck], percutaneous), which could help you code these procedures when your physician needs to drain fluid using catheterization.

In addition, orthopedic surgeons will benefit from two new codes that describe shoulder prosthesis removals, as follows:



These shoulder prosthesis removal codes will offer more specificity than the previous options, which included 23331 (Removal of foreign body, shoulder; deep [e.g., Neer hemiarthroplasty removal]) and 23332 (...complicated [e.g., total shoulder]), both of which will be deleted effective Jan. 1.

Radiologists Benefit From '4D' Code

If you provide radiology services at your location, you'll be glad to see the addition of new add-on code +77293 (Respiratory motion management simulation (List separately in addition to code for primary procedure)).

This code will be added to your primary code to describe your radiologist's work when performing respiratory motion management or 4D CT simulation studies. You'll most likely bill this code with either 77295 (Therapeutic radiology simulation-aided field setting; 3-dimensional) or 77301 (Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications) as your primary code.

Make Room for More Mo-Path Codes

The AMA has been releasing scores of new molecular pathology codes over the past few years, and 2014 will be no exception, with the following testing codes (among others) available for use as of January 1:



Keep in mind: Until the annual publication of the CPT® code set, small further revisions may occur to the 2014 codes. Keep an eye on the Insider for additional news on the new codes.