

Part B Insider (Multispecialty) Coding Alert

CPT® 2016: Rev Up Your General Surgery Coding for Next Year

Anticipate changes for cholangiography and biliary drainage.

Ignorance isn't bliss if you're trying to capture appropriate pay for your surgeons' work, so let us take you on a whirlwind tour of what you can expect from 2016 code changes for your general surgery practice.

With nearly 50 code additions, deletions, and revisions that your surgeon is likely to use, you can't afford to wait until January to get familiar with the CPT® update.

Count Biopsies for Mediastinoscopy

Beginning January 1, you should no longer report mediastinoscopy with biopsy using 39400 (Mediastinoscopy, includes biopsy(ies), when performed), because CPT® deletes that code for 2016. Instead, you'll have two more specific codes to choose from, as follows:

- 39401 □ Mediastinoscopy; includes biopsy(ies) of mediastinal mass (e.g., lymphoma), when performed
- 39402 □ Mediastinoscopy; with lymph node biopsy(ies) (e.g., lung cancer staging)

"Choose the most specific mediastinoscopy code for your surgeons' work based on whether the biopsy involves a mediastinal mass or a lymph node," says **Marcella Bucknam, CPC, CPC-I, CCS-P, CPC-H, CCS, CPC-P, COBGC, CCC**, internal audit manager with PeaceHealth in Vancouver, Wash.

Check Out Biliary Coding Overhaul

One of the biggest CPT® changes you'll face in your general surgery practice involves procedures related to the bile ducts, or biliary tree.

That's because the 2016 code set deletes six codes in the range 47500-47530 for cholangiography and biliary drainage services, as well as three laparoscopic biliary procedure codes (47560-47561 for cholangiography, and 47630 for biliary duct stone extraction).

In their place CPT® 2016 provides 14 new codes in the range 47525-47544 for specific biliary-tree procedures ranging from cholangiography, to drainage, to stent, to balloon dilation, to biopsy, to calculi removal.

Differentiate Intracranial Thrombectomy:

CPT® 2016 adds "non-intracranial" to the existing descriptors for 37184-+37186, which represent noncoronary (and now explicitly nonintracranial) arterial or arterial bypass graft percutaneous transluminal thrombectomy.

Similarly, CPT® 2016 spells out that existing code 37211 for "Transcatheter therapy, arterial infusion for thrombolysis other than coronary..." is now also for "other than intracranial."

You'll also find 37202 (Transcatheter therapy, infusion other than for thrombolysis, any type [e.g., spasmolytic, vasoconstrictive]) and 75896 (Transcatheter therapy, infusion other than for thrombolysis, radiological supervision and interpretation) on the deleted list for 2016.

All of these changes support the addition of the following new intracranial codes:

- 61645 □ Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis,

intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s).

- 61650 □ Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory
- +61651 □ ... each additional vascular territory (List separately in addition to code for primary procedure).

Tip: If you're responsible for coding for vascular physicians, depending on their scope of practice, you may need to use these codes, says **Christina Neighbors, MA, CPC, CCC**, coding quality auditor for Conifer Health Solutions.

Acquaint Yourself With This New Abdominal Sclerotherapy Code

As of January 1, you will have the following new code to represent sclerotherapy for conditions such as ovarian cysts:

- 49185 □ Sclerotherapy of a fluid collection (e.g., lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (e.g., ultrasound, fluoroscopy) and radiological supervision and interpretation when performed

"This procedure would be performed on women with endometriomas as an alternative to open or laparoscopic surgery," says **Melanie Witt, CPC, COBGC, MA**, an independent coding consultant in Guadalupita, N.M.

What happens: Sclerotherapy uses ultrasound-guided aspiration with a sclerosing agent such as 95% ethanol (EST) or methotrexate. The purpose of the sclerosing agent (irritant) is to prevent cyst regrowth by chemically destroying the wall of the cyst. This treatment option is less invasive than laparoscopic surgery and takes approximately 20–30 min to perform.