

Part B Insider (Multispecialty) Coding Alert

CPT® 2016: These General Surgery Changes Could Overhaul Your Laryngoplasty Coding

Plus: Look for thrombectomy changes.

The final touches on CPT® 2016 are underway, and we have preview for your general surgery practice based on a peek into the AMA's editorial process.

1. Look for Laryngoplasty Overhaul

You can expect some significant changes to how you report endoscopic and open laryngoplasty services in 2016.

In addition to changes to the introductory guidelines of the Respiratory System Larynx/Endoscopy subsection, the CPT® editorial panel slated revisions to the following codes under that heading:

- 31575 □ Laryngoscopy, flexible fiberoptic; diagnostic
- 31576 □ ... with biopsy
- 31577 □ ... with removal of foreign body
- 31578 □ ... with removal of lesion
- 31579 □ Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy.

Expect CPT® 2016 to include three new codes in this section: 3157X1, 3157X2, and 3157X3.

The panel meeting notes indicate the purpose of the proposed codes. New code 3157X1 is for laryngoscopic lesion ablation/destruction. "Codes 3157X2 and 3157X3 are for injections with laryngoscopy," says **Marcella Bucknam, CPC, CPC-I, CCS-P, CPC-H, CCS, CPC-P, COBGC, CCC**, internal audit manager with PeaceHealth in Vancouver, Wash.

2. See How Cerebral Revascularization Affects Thrombectomy

The February CPT® Editorial Summary of Panel Actions includes the acceptance of three new 6164X codes for "percutaneous endovascular revascularization and infusion of cerebral vessels." You should also get some introductory language to help explain the new codes.

To make room for these changes, expect to see revisions to the following noncranial thrombectomy codes:

- 37184 □ Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel
- +37186 □ Secondary percutaneous transluminal thrombectomy (e.g., nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)
- 37211 □ Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day.

3. Focus on 15 Minutes for Moderate Sedation

According to the February summary, you also may see the addition of four 991XX codes for moderate sedation of 15 minutes. To go along with this change, you'll see revisions to the existing guidelines and parenthetical notes.

You'll also see the deletion of the current codes:

- 99143-+99145 □ Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports ...
- 99148-+99150 □ Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the sedation supports ...

Codes 99143, 99144, 99148, and 99149 refer to an initial 30 minutes, while +99145 and +99150 are for each additional 15 minutes. Recall that the potential new codes refer to 15 minutes.

4. Add Cat. I Code for Arterial Pressure Waveform Analysis

If your vascular surgeons use central aortic systolic pressure rather than brachial blood-pressure measurements using one of the recently-available non-invasive devices, you should have a new code for the procedure in 2016.

The February panel summary reveals the accepted addition of a 9300X code to replace the Cat. III code 0311T (Non-invasive calculation and analysis of central arterial pressure waveforms with interpretation and report).

"This addition marks a significant step toward more widespread clinical adoption and greater patient access to life-saving technology," said **Duncan Ross, CEO** and president of AtCor Medical, in a press release about the potential new code. AtCor developed and markets the SphygmoCor system, which measures central aortic blood pressures and other elements using a noninvasive method.

In a typical scenario, the provider may place a tonometer over the radial artery at the wrist. The sensor in the tonometer sends signals to a device that records the aortic waveforms, which the provider interprets to determine central arterial pressure as well as additional information related to the heart and arteries.