

Part B Insider (Multispecialty) Coding Alert

CPT changes: 2004 CPT Codes Trickle Out

New codes for fluoroscopy and mammography, plus new definitions

The 2004 Current Procedural Terminology will soon be common knowledge.

According to one source close to the process, the 2004 CPT book is "pretty well put to bed." The complete update will be announced in early November at the CPT Editorial Panel conference.

But already some of the new codes have been revealed to industry insiders (see chart, page 159).

Some new CPT language aims to clarify things. For example, the new CPT book deletes the term "separate procedure" from the descriptors for skin biopsy codes 11100 and 11101. This is part of an ongoing effort to remove that phrase from all CPT Codes. But a note says you should only report these codes when the biopsy is unrelated to other skin surgery in the same session.

The panel revised the descriptor for 58340 to replace "hysterosonography" with "saline infusion sonohysterography (SIS)." Also, 76831 now refers to SIS instead of hysterosonography.

The panel revised the descriptor for 72270 from myelography for the entire spine canal to myelography of two or more regions, such as lumbar/thoracic, cervical/thoracic, lumbar/cervical or lumbar/thoracic/cervical. And the descriptors for tomography code 76362 and magnetic resonance guidance code 76394 now refer to "visceral tissue ablation" instead of just "tissue ablation."

Meanwhile, the panel deleted 76490 (Ultrasound guidance for, and monitoring of, tissue ablation).

The 2003 CPT book still listed WBC count codes 85022 and 85025 as requirements for the general health panel (80050) and obstetric panel (80055) test codes, even though it also deleted 85022 and revised the descriptor of 85025 to a complete (CBC), automated and automated differential WBC count. The new update catches up to these changes, removing 85022 as a requirement and allowing physicians to choose 85025 as part of a panel of blood count tests.

The panel also deleted miscellaneous code 99025, for a new patient visit at which a starred surgical procedure constitutes the major service at that visit. The CPT Panel hopes to eliminate all starred codes within the next few years.