

Part B Insider (Multispecialty) Coding Alert

CPT Update: CPT 2004 Adds Codes for New Techniques and Technologies

Throw away miscellaneous codes for stab phlebectomies, DRILs

Medical science marches on, and so do the CPT Codes. The latest CPT update for 2004 features a number of new codes that cover commonly performed procedures.

For example, if your practice performs a stab phlebectomy for varicose veins, you can throw away the miscellaneous code and start billing 37765 for 10-20 incisions or 37766 for more than 20 incisions.

Many ambulatory surgery centers perform this procedure, which is also known as a "stab avulsion." According to the University of Southern California's Web site, it involves using incisions of two to three millimeters in length to pull out the varicose veins using a "tiny hook-like instrument."

If you do fewer than 10 incisions, however, you still have to bill for this procedure using unlisted-procedure code 37799.

Meanwhile, you can now bill 36838 for distal revascularization and interval ligation (DRIL) to maintain dialysis access and save upper extremities that have ischemic steal syndrome. According to a paper in the *Journal of Vascular Surgery* (September 1997, Vol. 26, No. 3, pp. 393-402), the DRIL technique has a better track record in saving limbs and maintaining dialysis access than other techniques.

You cannot bill this code with bypass graft codes 35512 and 35522, revision code 36832 or ligation codes 37607 and 37618.

If you've been billing for ablation of bone tumors using percutaneous radiofrequency, you can now bill for 20982.

Coders also celebrated the replacement of the 36488-36493 and 36530-36537 series of codes for central venous access procedures. Instead, you can now bill 36555-36571. The much greater number of codes for these procedures allows a much higher degree of specificity.

"Those are the only codes available for placement for access lines for percutaneous or tunneled catheters," says **Jean Stoner**, manager of coding operations for Bethesda, Md.-based CodeRyte. The new degree of specificity allows coders to specify insertion site (central or peripheral), use of subcutaneous port or pump, and use of one or two catheters/access sites.