Part B Insider (Multispecialty) Coding Alert

CPT Updates: Epilepsy Treatments Gain More Specifics in CPT 2004

You have more options to bill for craniotomy or lobectomy

If your physician is performing neurosurgery procedures on epileptic patients, you'll have a lot more options for billing starting in January.

The 2004 update to the Current Procedural Terminology includes two new codes for lobectomies: 61537 (Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without eletrocorticography during surgery) and 61540 (... for lobectomy, other than temporal lobe, partial or total, without eletrocorticography during surgery).

The new CPT update also revises the descriptors for lobectomy **CPT 61538** and 61539 to clarify that 61538 is for temporal lobe and 61539 is for other than temporal lobe, partial or total. The new descriptors essentially swap the word order to move the fact that both codes include electrocorticography during surgery to the end.

"With these new and revised codes, I believe CPT is attempting to differentiate between very selective excisions, such as those you might report with 61510 (Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma), and more extensive removals, such as those required for glioma or other invasive tumors," says **Eric Sandham**, compliance manager for Central California Faculty Medical Group in Fresno, Calif.

"The new codes permit surgeons to perform a lobectomy, temporal or otherwise, for resection of an epileptogenic focus rather than a tumor," says **R. Patrick Jacob**, associate professor of neurosurgery at University of Florida at Gainesville.

Two new codes describe selective removal of deep brain structures: 61566 (Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy) and 61567 (... for multiple subpial transections, with electrocorticography during surgery). Surgeons may use these procedures for control of epilepsy or other seizures.

The new CPT book deletes neurostimulator implantation code 61862 and replaces it with four new codes: 61863, 61864, 61867 and 61868. You can use 61867 if the surgeon uses intraoperative microelectrode recording while implanting a neurostimulator, instead of billing with 95961 for functional cortical and subcortical mapping and 95962 for each additional hour. If the surgeon doesn't use the microelectrode recording technique, you can bill 61863.

And 61864 and 61868, for "each additional" electrode array, should make coding easier, Sandham says. In the past you would have billed multiple units of 61862 with modifier -52, but now you can bill multiple "additional" codes.