

Part B Insider (Multispecialty) Coding Alert

GASTROENTEROLOGY: Heads Up--Laparoscopic Versions Of Open GI Procedure Codes

CPT plays catch-up with surgical techniques

Is your surgeon performing a number of laparoscopic gastric or intestinal procedures? Then CPT 2006 will be your new best friend.

January's update includes four new codes for laparoscopic intestinal surgery (44180-44188), including enterolysis, jejunostomy and colostomy/cecostomy.

And it introduces an add-on code for surgical laparoscopy with the take-down of the splenic flexure in conjunction with a partial colectomy (44213), which you can use in addition to 44204-44208. There's also a new code for a laparoscopic closure of an enterostomy of the large or small intestine (44227).

And there are two new codes for laparoscopic proctectomy with colostomy (45395) and creation of colonic reservoir (45397). There are two codes for proctopexy (45400) and proctopexy with sigmoid resection (45402), plus a new unlisted rectal laparoscopy code (45499).

CPT 2006 throws in some more long-awaited codes for laparoscopic gastric bypass procedures (43770-43774) and open gastric restrictive procedures involving the revision (43886), removal (43887) or removal and replacement (43888) of the subcutaneous port component.

The updates also include codes for a surgical exam of the anorectal region under anesthesia (45990) and chemodenervation of the internal anal sphincter (46505). You'll have new codes for repair of an ileoanal pouch fistula by a transperineal approach (46710) or a combined transperineal/transabdominal approach (46712) as well.

Perspective: "It looks to me like CPT is doing what they always do," says **M. Trayser Dunaway**, a general surgeon in Camden, SC. The CPT Updates committee always waits until surgeons have been doing a procedure for a while and going crazy billing unlisted codes, before giving them CPT codes.

"As people get more advanced with the laparoscopic skills, we're doing more operations this way, instead of just gall bladders," Dunaway continues. He says the new codes mostly parallel the existing codes for open procedures. "It's always good to have specific codes," adds Dunaway. "Then we don't have to guess if we're going to get paid on something."