

Part B Insider (Multispecialty) Coding Alert

New CPT Codes: Prepare To Feel The Coding Squeeze At Year's End

AMA doesn't plan any rush to compensate for loss of grace period

When the **American Medical Association** pitches some new codes at you this fall, you'd better think fast.

The AMA has no plans to speed up the release or dissemination of the 2005 CPT Codes to compensate for providers losing the customary 90-day grace period. Therefore, many coders will receive the new 2005 CPT codes in October, and have to learn them and implement them before Jan. 1, when the 2004 codes become invalid.

The AMA stresses that it was the government's decision to eliminate the 90-day grace period, not the AMA's. As usual, the AMA will release the CPT Code data files by early September, and the books will be out by early October.

The new codes aren't known yet, but the AMA has released its tentative agenda for November's CPT RBRVUS 2005 Joint Symposia, which will discuss them in detail. The agenda includes talks on major changes to codes for central auditory function, bronchoscopy, radiology procedures, breast surgery, transplantation, "ophthalmic ultrasound/endoscopic ciliary body photocoagulation," digestive system, and "pathology and laboratory, in situ hybridization (e.g., FISH procedures), [and] morphometric analysis."

Sources familiar with the process say specialty societies are still reluctant to push for many new codes because for each new code added, existing codes must lose RVUs to maintain budget neutrality. There's a mentality of, "we can live without that code because we don't want to lose our RVUs for these other codes," one source explains.

But a shake-up is coming, say experts. The specialty societies are preparing for the five-year review of codes by the **Centers for Medicare & Medicaid Services** and the RVS Update Committee, which begins in November 2004 and ends in January 2007. Each society will look at undervalued services in the fee schedule, and look for services they may target as overvalued.

Because many procedures now take less time than they used to due to improved techniques, a number of codes may see lower RVUs in 2007, freeing up space for new codes.