

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Fix Your Sights on 3 Can't-Miss CPT 2009

You won't find all of these changes in the 2009 CPT manual.

Don't let your guard down -- CPT 2009 may include only a few new codes for the radiology section, but there are several revisions and codes outside of the 70000 range you don't want to miss. Here's a breakdown of all the codes you're most likely to use and where to find them.

Remember: You should report these codes for services on or after Jan. 1.

1. Scrap 10022 for Diagnostic Disc Aspiration

If you automatically assign a general fine needle aspiration code to every aspiration, January brings one more reminder that when you have a specific coding option appropriate to your case, you should assign that code instead of a general one.

What's new: CPT 2009 adds a code specific to percutaneous diagnostic disc aspiration.

2008 method: For 2008 services, radiologists report this service with 10022 (Fine needle aspiration; with imaging guidance), says radiology coding expert **Jackie Miller, CCS-P, CPC**, vice president of product development for Coding Metrix in

Powder Springs, Ga.

2009 method: For services

on Jan. 1, 2009, or later, you instead should report new code 62267 (Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes), Miller says.

An explanatory note with this new code instructs you to look to 77003 (Fluoroscopic guidance and localization of needle or catheter tip ...) and 77012 (Computed tomography guidance ...) for imaging.

Potential mistake: A note with 77003 states a number of codes, including 62267, include "injection of contrast during fluoroscopic guidance and localization." This note means the listed codes include the contrast injection -- not the fluoro guidance and localization. You may report 62267 and 77003 together.

62287 change: Because you'll have 62267 for diagnostic aspiration, CPT 2009 revises discectomy code 62287 to clarify its use. In 2008, the code descriptor reads, "Aspiration or decompression

procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar (e.g., manual or automated percutaneous disc-ectomy, percutaneous laser discectomy)."

The 2009 version deletes "Aspiration or." It also adds a note not to report 62287 with 62267.

How it helps: The clinical example for 62287 involved therapeutic aspiration of a bulging disc for decompression -- not diagnostic aspiration -- but the code descriptor wasn't really clear about this. The 2009 change helps clear up confusion about

proper 62287 use.

2. Add These Codes to Your Nuclear Med Options

If you code nuclear medicine procedures, don't miss 2009 code 78808 (Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous [e.g., parathyroid adenoma]).

According to the Society of Nuclear Medicine (SNM), you'll use 78808 for the resources needed to provide intravenous radioactive drugs before gamma probe localization (www.snm.org/index.cfm?PageID=8125&RPID=10).

You'll still use 38792 (In-jec-tion procedure; for identification of sentinel node) for sentinel lymph node identification without scintigraphy imaging, according to a CPT note.

Quality measures: You won't find all the new nuclear medicine codes in the CPT 2009 manual, though. For the first time, you have nuclear medicine specific quality measure codes for the Physician Quality Reporting Initiative (PQRI). They went

into effect Oct. 1, 2008, but didn't make it into the 2009 manual:

- 3570F -- Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (e.g., x-ray, MRI, CT) corresponding to the same anatomical region in question (NUC_MED)
- 3572F -- Patient considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED)
- 3573F -- Patient not considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED).

You can find their full description at www.ama-assn.org/ama/pub/category/10616.html and read about participating in PQRI at <http://www.cms.hhs.gov/pqri>

3. Tech Changes Yield Nuclear Med Deletions

If you have payers who still cover automated data generation codes 78890-78891, CPT 2009 has bad news. The latest CPT version deletes 78890 (Generation of automated data: interactive process involving nuclear physician and/or allied health

professional personnel; simple manipulations and interpretation, not to exceed 30 minutes) and 78891 (... complex manipulations and interpretation, exceeding 30 minutes).

Reason: "As technology has progressed, the components of computer processing required for nuclear medicine procedures have been included directly in the 78000 series of codes," states the SNM site.