

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Implement Code Changes for Your Bronchial and Mediastinal Scope Cases

Pinpoint EBUS services with these codes.

If your surgeon performs scope procedures in the mediastinum or bronchi, you need to get familiar with recent code changes that will help you more accurately report those services.

Read on to make sure you're properly applying CPT® 2016 updates to your endobronchial ultrasounds during bronchoscopy (EBUS) and mediastinoscopy cases.

Greet New EBUS Codes and Say Goodbye to +31620

CPT® 2016 introduces some new codes for reporting various nuances of your surgeon's EBUS procedures. EBUS is a procedure "in which an ultrasound device can be put down with a bronchoscope, slightly inflated within the bronchial tree, and the ultrasound return emission, the bounceback of the waves, can show the operator where particular lesions are," explained **Albert E. Bothe, Jr, MD, FACS** in the General Surgery session of the American Medical Association's (AMA's) CPT® and RBRVS 2016 Annual Symposium.

What happens: The surgeon usually performs an EBUS when he discovers a vascular abnormality during a diagnostic bronchoscopy. The physician may also take biopsies or aspirations (transbronchial needle aspiration [TBNA]) with EBUS support.

Old way: Prior to CPT® 2016 changes, you could report EBUS services using only a single code (+31620, Endobronchial ultrasound [EBUS] during bronchoscopic diagnostic or therapeutic intervention[s] [List separately in addition to code for primary procedure(s)]). You would use this add-on EBUS code along with the primary procedure code, such as 31629 (Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy[s], trachea, main stem and/or lobar bronchus[i]).

New Way: Under CPT® 2016, you'll report just one code for the EBUS and the underlying bronchoscopy procedure, rather than using the add-on code with a base code. Here are the three new codes you have to choose from to report EBUS with bronchoscopy for lymph node or lesion examination or intervention:

- 31652 □ Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound [EBUS] guided transtracheal and/or transbronchial sampling [e.g., aspiration(s)/biopsy(ies)], one or two mediastinal and/or hilar lymph node stations or structures
- 31653 □ ... 3 or more mediastinal and/or hilar lymph node stations or structures
- +31654 □ Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound [EBUS] during bronchoscopic diagnostic or therapeutic intervention[s] for peripheral lesion[s] [List separately in addition to code for primary procedure(s)]

Important: CPT® 2016 deletes the add-on code, +31620, effective the first of this year.

Scenario: A patient with a chest CT scan showing right paratracheal and right hilar lymphadenopathy undergoes

transbronchial needle aspirations with the assistance of EBUS. The surgeon biopsies the right paratracheal and right hilar lymph nodes.

Do this: Report the service using 31652 for two biopsies taken with EBUS guidance.

Old way: Last year, you would have reported 31629 for the right paratracheal node biopsies, +31633 (Bronchoscopy,...; with transbronchial needle aspiration biopsy[s], each additional lobe..) for the right hilar node biopsies, and +31620 for the EBUS used during the bronchoscopy.

Read Up On 2 New Mediastinoscopy Codes

In addition to bronchoscopy code changes, CPT® 2016 has also added the following two new mediastinoscopy codes:

- 39401 □ Mediastinoscopy; includes biopsy(ies) of mediastinal mass (e.g., lymphoma), when performed
- 39402 □ Mediastinoscopy; with lymph node biopsy(ies) (e.g., lung cancer staging).

Caution: CPT® 2016 adds these codes in place of deleted mediastinoscopy code 39400 (Mediastinoscopy, includes biopsy(ies), when performed). The change adds specificity to your mediastinoscopy coding by giving you more specific code choices to describe your surgeon's work.

Understand procedure: "These codes differ from bronchoscopy in that the specially-designed mediastinoscope is placed through a small incision in the neck, and the surgeon directly visualizes the mediastinum" explains **Carol Pohlig, BSN, RN, CPC, ACS**, senior coding and education specialist at the Hospital of the University of Pennsylvania.

Surgeons may need to biopsy mediastinal lymph nodes to identify disease processes, and/or stage lung cancer, according to Pohlig. "Depending on the type of tissue that was sampled □ a mass vs. a lymph node □ the surgeon would report the corresponding code □ 39401 or 39402, respectively," she says.

Don't Overlook These Other Pulmonary Code Changes

As anticipated, CPT® 2016 deletes 0262T (Implantation of catheter-delivered prosthetic pulmonary valve, endovascular approach) and replaces it with Category I code 33477 (Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed). The new code number places the service in with other pulmonary valve surgical procedures.

Include guidance: To clarify that add-on bronchoscopy codes include fluoroscopic guidance, CPT® 2016 makes minor language modifications to the descriptors of codes +31632 (Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy[s], each additional lobe [List separately in addition to code for primary procedure]) and +31633 (Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy[s], each additional lobe [List separately in addition to code for primary procedure]). The new code definitions state, "including fluoroscopic guidance" instead of the deleted phrase, "with or without fluoroscopic guidance."