

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Look to New Cat. I Codes for Bronchial Thermoplasty and Airway Sizing

Simplified reporting of thoracentesis all set to help pulmonology coders.

If you were in the habit of reaching out for Category III codes when your pulmonologist performed procedures such as bronchial thermoplasty, airway sizing and insertion or removal of bronchial valves, you'll have a better chance of recouping pay for these services after Jan.1, 2013 as these codes got an upgrade to Category I in the CPT 2013 changes. Read on for these and other changes in the works.

After Jan. 1, you'll no longer have these Category III options:

- +0250T (Airway sizing and insertion of bronchial valve[s], each lobe [List separately in addition to code for primary procedure])
- 0251T (Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve[s], initial lobe)
- +0252T (...each additional lobe [List separately in addition to code for primary procedure])
- 0276T (Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe)
- 0277T (...2 or more lobes)

Instead, you will use the following four codes when your pulmonologist performs these procedural services:

- 31647 -- Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve[s], initial lobe
- 31648 -- ... with removal of bronchial valve[s], initial lobe
- +31649 --...with removal of bronchial valve[s], each additional lobe [List separately in addition to code for primary procedure]
- +31651 -- ... with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve[s], each additional lobe (List separately in addition to code for primary procedure[s])

"Standard CPT® code use eases reporting and reimbursement of services. Some payers generally do not accept or pay for services represented by Category III codes, deeming them "experimental," or non-covered," says **Carol Pohlig, BSN, RN, CPC, ACS**, senior coding and education specialist at the University of Pennsylvania, Department of Medicine in Philadelphia.

Example: Your pulmonologist examines a patient who had previously had a bronchial valve placed bronchoscopically to stop persistent air leak. Your pulmonologist performs a bronchoscopy to remove the previously placed valve. Until the end of this year, you will have to code the procedure with 0251T. If the date of removal is after Jan.1, you will report this service using 31648.

If the patient had had several valves placed in two lobes that were removed at the same time, then the coding would be 0251T, 0252T for the removal valves from 2 lobes. Using the new code sets, you will have to report 31648 and +31649. Suppose your pulmonologist removes three valves from three separate lobes, you will report 0251T, 0252X2. You will use 31648 and +31649x2 when the new codes come into force.

"Remember that 31649 has an "add-on" code distinction which means that you must report it on the same claim as the primary CPT® code (i.e., 31648)," reminds Pohlig.

Apply New Thoracentesis and Pleural Drainage Code Sets

If your pulmonologist performs thoracentesis or pneumocentesis procedures on a common basis, then you need to note new code changes that are coming your way. Beginning Jan.1, you will no longer be able to report 32421 (Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent) and 32422 (Thoracentesis with insertion of tube, includes water seal [e.g., for pneumothorax], when performed [separate procedure]), as these codes will be deleted from the list of existing CPT® code sets. Instead, you will have to update your code diary with these new codes to report these services when your pulmonologist performs them:

- 32554 -- Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
- 32555 -- ... with imaging guidance
- 32556 -- Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance
- 32557 -- ... with imaging guidance

Don't Report Imaging Guidance Separately With Thoracentesis

You will now be able to benefit from having the same code for thoracentesis which your pulmonologist performs using a needle or a catheter eliminating the confusion that many coders used to face in discerning between the two in the patient documentation. You will only have to concentrate on whether or not your pulmonologist performed the procedure using imaging guidance to help place the needle or the catheter for drainage. "Since imaging guidance is included in codes 32555 and 32557, it is important to remember not to separately report 76942, 77002, 77012, 77021 or 75989," says Pohlig. "These codes and corresponding payments are now bundled into the procedure code."

Example: Your pulmonologist uses a catheter to drain fluid to relieve symptoms of dyspnea that a patient is experiencing. He uses ultrasound guidance to advance the catheter into the area of the effusion. Until the end of the year, you will have to report the procedure using 32422 and 76942 as your pulmonologist is using a catheter and not a needle to drain out the fluid accumulated.

After Jan.1, you will no longer have to check if your pulmonologist is using a catheter or a needle to drain out the accumulated fluid. Since he was using imaging guidance for the placement of the catheter, you will have to report the procedure using only 32554.

Reminder: CPT® code 32420 (Pneumocentesis, puncture of lung for aspiration) has also been deleted in 2013. To report this service, CPT® instructs using code 32405 (biopsy, lung or mediastinum, percutaneous needle).