

## Part B Insider (Multispecialty) Coding Alert

### Part B Coding Coach: New EBUS Codes Lead These Pulmonology Code Additions, Revisions, and Deletions

**You also need to strike these four codes from your manual, or you'll face denials.**

If you report endobronchial ultrasounds during bronchoscopy (EBUS), then you may rejoice with how CPT® will consolidate your typical code combinations to a single code. Before Jan. 1 hits, you should get to know this and these other 2016 CPT® changes for pulmonology.

#### Say Hello to New EBUS Codes and Goodbye to +31620

CPT® has introduced some new codes for reporting various nuances of endobronchial ultrasound (EBUS) during bronchoscopy.

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

**Right now:** Currently EBUS is reportable only through a single code +31620 (Endobronchial ultrasound [EBUS] during bronchoscopic diagnostic or therapeutic intervention[s] [List separately in addition to code for primary procedure(s)]) that is added to the primary procedure (for example, 31629, Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy[s], trachea, main stem and/or lobar bronchus[i]), which represents the sampling.

**As of Jan. 1:** CPT® adds a dedicated new code 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) for EBUS aided biopsy/aspiration. You will report this single code if the physician limits her view to one or two lymph node structures.

Expanding on code 31652, you have two more codes to learn:

- 31653 (... 3 or more mediastinal and/or hilar lymph node stations or structures) for provision of examination of three or more lymph node structures and
- 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)]) for examination of peripheral lesions during EBUS.

**Important:** Consequently, the old add-on code +31620 will be deleted effective January 1, 2016.

**Case scenario:** A patient with a chest CT scan showing right paratracheal and right hilar lymphadenopathy undergoes transbronchial needle aspirations with the assistance of endobronchial ultrasound. The right paratracheal and right hilar lymph nodes are biopsied. Currently, you would code 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. However, from Jan. 1, you will report the service with codes 31652, as only two biopsies were performed. For more biopsies, code 31652 will be replaced with 31653.

#### Read Up On 2 New Mediastinoscopy Codes

CPT® has also added two new mediastinoscopy codes:

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

**Caution:** These codes have been added to strengthen and widen the scope of the current single mediastinoscopy code 39400 (Mediastinoscopy, includes biopsy(ies), when performed), which has been subsequently deleted for 2016. "These codes differ from bronchoscopy in that the specially-designed mediastinoscope is placed through a small incision in the neck. The surgeon directly visualizes the mediastinum. Biopsy of mediastinal lymph nodes may be needed for identifying disease processes, and/or staging lung cancer. Depending on the type of tissue that was sample, a mass vs a lymph node, the surgeon would report the corresponding code (39401 or 39402, respectively)," informs **Carol Pohlig**, BSN, RN, CPC, ACS, Senior Coding & Education Specialist at the Hospital of the University of Pennsylvania.

### **Don't Overlook These Revised Codes**

In addition to new codes, CPT® has also revised a few codes to expand their scope of work.

First of all, the definition of code 94640 (Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes [e.g., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device]) gets revised to (Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes (such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device). "The revised code now clarifies the descriptor to more closely reflect the proper use of this code which is inclusive of therapeutic inhalation treatment," Pohlig adds.

CPT® has also made 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 term "with or without fluoroscopic guidance;" in the definition is now replaced with "including fluoroscopic guidance."

### **Don't Use These Deleted Codes After Jan. 2016**

In addition to codes +31620 and 39400, you have two other deleted codes. They are category III codes:

- 0243T -- Intermittent measurement of wheeze rate for bronchodilator or bronchial-challenge diagnostic evaluation(s), with interpretation and report
- 0244T -- Continuous measurement of wheeze rate during treatment assessment or during sleep for documentation of nocturnal wheeze and cough for diagnostic evaluation 3 to 24 hours, with interpretation and report.

These are Category III codes, which are temporary codes used to allow for data collection specific to emerging technology, services or procedures. CPT® has advised that these codes have not been accepted for placement in the Category I section of CPT® and therefore have been removed for the 2016 code set.