

Part B Insider (Multispecialty) Coding Alert

Physician Note: Make These Key Changes to CPT® 2012

Plus: Chiropractors may face delayed reimbursement when billing 98941.

The ink is just barely dry on CPT® 2012, but the AMA has already announced some items in the manual that require your attention.

The AMA released its list of CPT® Errata, so get out your red pen and make changes to ensure that your book is completely up to date.

For example: In CPT®'s "Cardiovascular System, Arteries and Veins, Vascular Injection Procedures" section, you should add the following text: "Selective vascular catheterization should be coded to include introduction and all lesser order selective catheterization used in the approach (eg, the description for a selective right middle cerebral artery catheterization includes the introduction and placement catheterization of the right common and internal carotid arteries)."

In addition: You'll want to remove references to the following codes from CPT® 2012's Appendix B, because these codes were deleted in 2011: 0141T, 0142T, 4002F, 4006F, and 4009F.

To read the complete listing of CPT® 2012 Errata, visit www.ama-assn.org/resources/doc/cpt/cpt-2011-corrections.pdf.

Late breaking addition: There's one more item requiring your attention which has not yet been listed among the AMA's errata. Under decompression code 62287, the CPT® 2012 manual states, "For non-needle based technique for percutaneous decompression of nucleus pulposus of intervertebral disc, see codes 0276T, 0277T." The codes 0276T and 0277T were printed incorrectly, said **Mark L. Leib, MD, JD**, during his "CPT® Changes: Pain Medicine" presentation at the CPT® Editorial Committee meeting on Nov. 17.

Strike those two codes and replace them with 0274T and 0275T, Leib advised.