

Part B Insider (Multispecialty) Coding Alert

Some New Codes From 2004 CPT Update

1. [CPT 20982](#) - Ablation, bone tumor(s) (e.g., osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance
2. 34805 - Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uni-iliac or aorto-uni-femoral prosthesis
3. 53500 - Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (e.g., postsurgical obstruction, scarring). Use this code to report the treatment of obstructive voiding when caused by periurethral scarring, which can occur postoperatively after a urethral suspension procedure. This includes cystourethroscopy (52000). But you should still use unlisted-procedure code 53899 to report urethrolisis via a retropubic rather than vaginal approach.
4. 57425 - Laparoscopy, surgical, colpopexy (suspension of vaginal apex). This procedure is normally performed on patients with uterovaginal prolapse or prolapse of the vaginal vault following a hysterectomy, one source says. This addition will solve some coding headaches.
5. 58340 - Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
6. 70557 - Magnetic resonance (e.g., proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (e.g., to assess for residual tumor or residual vascular malformation); without contrast material
7. 70558 - ... with contrast material(s)
8. 70559 - ... without contrast material(s), followed by contrast material(s) and further sequences
9. 75860 - Venography, venous sinus (e.g., petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation
10. 75998 - Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (list separately in addition to code for primary procedure)
11. 76082 - Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (list separately in addition to code for primary procedure). Report this code along with screening mammography code 76092.
12. 76083 - ... diagnostic mammography (list separately in addition to code for primary procedure). Report along with existing mammogram codes 76090 or 76091. Both 76082 and 76083 take the place of deleted code 76085.
13. 76514 - Ophthalmic ultrasound, echography, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
14. 76937 - Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (list separately in addition to code for primary procedure)
15. 76940 - Ultrasound guidance for, and monitoring of, visceral tissue ablation
16. 78804 - Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring two or more days imaging
17. 79403 - Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous injection
18. 87269 - Infectious agent antigen detection by immunofluorescent technique; giardia
19. 87329 - ... giardia

These two new codes describe infectious agent antigen detection of giardia by immunofluorescence technique (87269) and by enzyme immunoassay technique (87329). You now report these services using 87272 and 87328, which have been revised to exclude "giardia" from the descriptors.

20. 87660 describes the detection of *Trichomonas vaginalis* by direct probe technique. Practices may be able to charge separately for the handling involved in transferring the vaginal specimen to the laboratory by using 99000.

The new update also includes three vaccine codes:

21. 90698 - Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use
22. 90715 - Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), 6 years and younger, for intramuscular use
23. 90734 - Tetravalent conjugated meningococcal vaccine (any group[s]), for subcutaneous use
24. 91110 - Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy)
25. 95991 - Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); administered by physician. Use this code for patients with severe cancer-related pain. Use 95990 only when a nonphysician provides this service.