

Part B Insider (Multispecialty) Coding Alert

CPT 2011: CPT 2011 to Debut Codes for Hip Arthroscopy, Subsequent Observation Care

Check out this sneak peek to get a glimpse of the codes you'll be using in January.

If you've been frustrated about the lack of arthroscopic hip surgery codes that CPT offers, CPT 2011 will change that, with three new codes that debut on Jan. 1.

In fact, CPT will introduce over 200 new codes in 2011 to help keep your coding more specific than ever, spanning several categories, from dermatology to orthopedics to cardiology, and beyond.

In orthopedics, you'll benefit from the following three hip arthroscopy codes, which will be excellent additions to CPT, says **Leslie A. Follebout, CPC, COSC**, senior orthopaedic coder and auditor with The Coding Network:

29914 -- Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)

29915 -- Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)

29916 -- Arthroscopy, hip, surgical; with labral repair

In addition, you'll find that CPT has revised debridement codes to include the size of the area debrided, and will introduce new codes three new codes to describe additional areas that the physician debrides. The changes are as follows:

11042 (Revised) -- Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less

11043 (Revised) -- Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less

11044 (Revised) -- Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less

11045 (New) -- Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

11046 (New) -- Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

11047 (New) -- Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

New Bronchoscopy, Cardiology, and Hernia Repair Codes on the Horizon

CPT will also introduce new code 31634 (Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance [eg, fibrin glue], if performed) to round out CPT's bronchoscopy section (31622-31656).

You'll also find six new codes to describe paraesophageal repair of a hiatal hernia, as follows:

43332 -- Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without

implantation of mesh or other prosthesis

43333 -- ...with implantation of mesh or other prosthesis

43334 -- Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis

43335 -- ...with implantation of mesh or other prosthesis

43336 -- Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other

43337 -- ...with implantation of mesh or other prosthesis

"The new codes will indeed be very helpful in coding hiatal hernias," says **Myra P. Anderson, CPC, CCAT, CPAT**, coding educator with Ochsner Health System. "The additional codes for paraesophageal hiatal hernias with approach, as well as the use of mesh, will more adequately describe the procedure performed."

Cardiology: CPT 2011 focuses heavily on new cardiac catheterization coding options, including the following three new codes that may surprise cardiology coders:

93451 -- Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed

93452 -- Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed

93453 -- Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed

Check out New Radiology, Observation Codes

If you've suffered from a lack of abdominal/pelvic CT scan codes, the following three codes should come in handy:

74176 -- Computed tomography, abdomen and pelvis; without contrast material

74177 -- ...with contrast material(s)

74178 -- ...without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions

Observation coding: CPT also adds to your E/M coding options with the introduction of three new observation codes, as follows:

99224 -- Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.

99225 -- Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.

99226 -- Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.

It isn't yet clear how CPT will instruct you to bill the subsequent observation codes, but that advice, and information about the other new, revised, and deleted codes for 2011 should be elucidated during the CPT Editorial Committee meeting, which takes place in November. Staff members from the Insider will be reporting directly from the event, so look to future issues of this publication for further information and instruction.