Part B Insider (Multispecialty) Coding Alert

New Codes: CPT 2004 Adds Codes for Two Otolaryngology Procedures

Sleep apnea coding won't keep you awake anymore

Otolaryngologists can rejoice - the 2004 update to the Current Procedural Terminology code set adds codes for two procedures physicians perform often.

You no longer need to use unlisted-procedure code 21899 for hyoid suspension, because CPT 2004 adds new **CPT 21685** (Hyoid myotomy and suspension). Billing under an unlisted code usually involves submitting documentation and a letter describing the procedure and the physician work involved, says **Charles F. Koopmann**, professor and associate chair of the department of otolaryngology at the University of Michigan in Ann Arbor.

"Sleep apnea physicians perform hyoid suspension quite extensively," says **Andrew Borden**, reimbursement manager at Medical College of Wisconsin in Milwaukee. The new code carries 31.42 facility RVUs, which works out to $1,103.47.

You can also throw away unlisted-procedure code 67999 for gold-weight placement, because the new CPT codes include 67912 (Correction of lagophthalmos, with implantation of upper eyelid lid load [e.g., gold weight]).

The bad news is that Medicare will only cover the gold-weight supplies as part of the operation's surgical package, Borden says.

Another piece of good news is that CPT 2004 eliminates the "separate procedure designation" for 11100 (Biopsy of skin, subcutaneous tissue and/or mucous membrane [including simple closure], unless otherwise listed; single lesion). The designation often resulted in confusion as to whether coders could report a same session biopsy and excision on the same anatomic area.

The new instructions clarify that you should report a skin biopsy code when your otolaryngologist performs the biopsy alone or with another unrelated or distinct skin procedure.

So if the doctor biopsies a lesion on the patient's nose and excises a benign lesion on the patient's cheek, you can report the lesion excision and then report the unrelated nose biopsy separately using 11100 with modifier -59 (Distinct procedural service) to indicate that the biopsy occurred on a different site than the excision.

But if the physician excises, destroys or shaves a lesion and submits a tissue sample for pathologic examination, you shouldn't report the biopsy separately because obtaining the tissue sample is a routine component of the original integumentary procedure.