

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Tests That Your Ob-Gyn May Order Highlight the New CPT® Changes for Next Year

Infertility clinics, rejoice: This category III code becomes a category I code.

You won't find any riveting new ob-gyn codes for 2015, but that doesn't mean you should overlook the new CPT® codes your physician may order — especially if your practice includes bone density test machines or labs.

Include New Codes for Breast Ultrasound and Digital Tomosynthesis

Your ob-gyns won't perform these breast ultrasound procedures, but they may order them.

Two new codes for breast ultrasound include the following:

- 76641, Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete
- 76642, Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited

Also add the following three codes for breast tomosynthesis to your list:

- 77061, Digital breast tomosynthesis; unilateral
- 77062, Digital breast tomosynthesis; bilateral
- 77063, Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)

"New codes [like these] continue to be developed to keep up with new technologies," says **Michele Midkiff, CPC-I, PCS, RCC**, an interventional and neuro-interventional radiology coding consultant in Mountain View, CA. But be sure you know the coverage criteria for tomosynthesis before ordering it, as many major payers still do not cover it.

Check Bone Density Study with Vertebral Fracture Assessment

Another test your ob-gyn may order is the bone density test. However, some practices do have the machines and may perform this test in the office.

Currently, these practices bank upon 77082 (Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment) for vertebral fracture assessment. Effective 2015, this code will no longer be valid.

You will have two new codes for vertebral fracture assessment. These include 77085 (Dual-energy X-ray absorptiometry [DXA], bone density study, 1 or more sites; axial skeleton [e.g., hips, pelvis, spine], including vertebral fracture assessment) where vertebral fracture assessment is done as part of bone density study and 77086 (Vertebral fracture assessment via dual-energy X-ray absorptiometry [DXA]) which is for vertebral fracture assessment alone. "This is in keeping with the trend to clarify and increase specificity in coding," Midkiff says.

Add 81420 to Your Possible Ordered Test Choices

Another test your ob-gyn might order is new code 81420 (Fetal chromosomal aneuploidy [e.g., trisomy 21, monosomy X] genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21). Cell free fetal DNA is a newer option that can be used as a primary screening test in women at increased risk of aneuploidy. This would include women aged 35 years or older, fetuses with ultrasonographic

findings that indicate an increased risk of aneuploidy, women with a history of a child affected with a trisomy, or a parent carrying the gene that increases the risk of trisomy 13 or trisomy 21. Ob-gyns can also use this service as a follow-up test for women with a positive first-trimester or second-trimester screening test result.

Highlight HPV Coding Changes in 2015

CPT® 2015 reworks HPV coding by deleting 87620-87622 (Infectious agent detection by nucleic acid [DNA or RNA]; papillomavirus, human, direct probe technique/amplified probe technique/quantification). In place of those codes, you'll find the following three new codes:

- 87623 □ ...Human Papillomavirus (HPV), low-risk types (e.g., 6, 11, 42, 43, 44)
- 87624 □ ...Human Papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)
- 87625 □ ...Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed.

Pathology impact: "This change may be significant for payment, since many payers will cover testing for high-risk HPV types, but not low-risk HPV types under certain clinical circumstances," says **R.M. Stinton Jr., MD**, president of Doctors' Anatomic Pathology Services in Jonesboro, Ark.

Infertility Labs, Take Heed of New Cryopreservation Code

For infertility labs, you'll want to take note of this new code. Code 89337 (Cryopreservation, mature oocyte[s]) which replaces the deleted code 0059T (Cryopreservation; oocyte[s]). This means that this technology has now proven itself as a mainstream procedure which warrants conversion to a Category I CPT® code.

Observe Changes to Vaccination Codes

As with every year, you will be seeing some changes to vaccination codes in CPT® 2015. You will have to add two new vaccine codes to your cache while making note of many changes to the descriptors of old codes.

The two new codes that you will be seeing in 2015 include:

- 90630 (Influenza virus vaccine, quadrivalent [IIV4], split virus, preservative free, for intradermal use)
- 90651 (Human Papilloma virus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent [HPV], 3 dose schedule, for intramuscular use)

In addition, you will be seeing the following descriptor changes in CPT® 2015:

- 90654 (Influenza virus vaccine, trivalent [IIV3], split virus, preservative-free, for intradermal use)

"The revisions to the existing CPT® codes are primarily editorial or otherwise made to distinguish the existing codes from new codes that will appear in 2015," observes **Kent Moore**, senior strategist for physician payment with the American Academy of Family Physicians. "For instance, the addition of the word 'trivalent' to 90654 is primarily for the purposes of distinguishing it from new code 90630, which is a quadrivalent vaccine," Moore adds.

Master These Wound Management Codes

You've got revisions and new codes for wound management services. They are (emphasis added):

- 97605 □ Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
- 97606 □ ... total wound(s) surface area greater than 50 square centimeters
- 97607 □ Negative pressure wound therapy, (e.g., vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters

- 97608 □ ... total wound(s) surface area greater than 50 square centimeters.

Check Out These Anoscopy Additions

CPT® 2015 has revised and added new possible codes for providers performing anoscopies. They are (emphasis added):

- 46600 □ Anoscopy; diagnostic, with or without including collection of specimen(s) by brushing or washing, when performed (separate procedure)
- 46601 □ ... diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed
- 46607 □ ... with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple.

These new codes replace these deleted Category III codes:

- 0226T □ Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); diagnostic, including collection of specimen(s) by brushing or washing when performed
- 0227T □ ... with biopsy(ies).

For an ob-gyn who is treating fecal incontinence, you might be interested in new code 0377T (Anoscopy with directed submucosal injection of bulking agent for fecal incontinence).