

DISCLOSURE

Dr. Plummer has declared no conflicts of interest related to the content of his presentation.

New Codes for 2013

NAMDRC Annual Meeting

March 23, 2013

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Opinions rendered are my own.

Editor, *ATS Coding and Billing Quarterly*.

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2013 New Codes: Agenda

- ICD-9-CM codes.
- ICD-10-CM codes.
- Chest tube insertions and thoracentesis codes.
- Bronchial valve insertion codes.
- Bronchial valve removal codes.
- Pediatric sleep codes.
- Transitional Care Management codes.
- NPP diagnostic testing and supervision.

2013 New Codes: ICD-9-CM

- **No** new codes for 2013-14.
- New code making for ICD-9-CM suspended in preparation for instituting ICD-10-CM.
- Can use current ICD-9-CM coding book until September 30, 2014.

2013 New Codes: ICD-10-CM

- ICD-10-CM will be used for Physicians' diagnostic codes **beginning October 1, 2014.**
- Refinements and new codes will continue to be added in 2013 and 2014.
- ACCP will be devising a plan to assist members in the transition from ICD-9-CM to ICD-10-CM.
- AMA trying to stop ICD-10 or go to ICD-11

Question One

- What is the current start date for instituting ICD-10-CM?
- A. October 1, 2013.
- B. October 1, 2014.
- C. October 1, 2015.
- D. Never.

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- B. October 1, 2014.
- C. October 1, 2015.
- D. Never.

2013 New CPT Codes: 32551

- Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure).
- New language: **OPEN** procedure.
- Surgical tube insertion only.
- Trochar and other chest tube insertion techniques **must** use new code **32556**.

2013 New CPT Codes: 32554

- Thoracentesis, needle **or** catheter, aspiration of the pleural space; without imaging guidance.
- Combines previous thoracenteses codes, **32421** (needle) and **32422** (tube).
- **32421** and **32422** have been eliminated.

2013 New CPT Codes: 32555

- Thoracentesis **with** imaging guidance.
- Includes any type of imaging.
- Ultrasound will be used by most pulmonologists.
- Can't use **76942-26** (code for ultrasound) with **32554** as it is bundled into **32555**.
- An image of the ultrasound **must** be imported into the report.

2013 New CPT Codes: 32556

- Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance.
- Chest tube insertion by any method except open, surgical insertion, **32551**.

2013 New CPT Codes: 32557

- Pleural drainage, percutaneous, **with** insertion of indwelling catheter; with imaging guidance.
- Can't use **76942-26** (code for ultrasound) or **75989** (code for CT) with **32556** as it is bundled into **32557**.
- Will be used mostly by radiologists.
- An image **must** be imported into the report.

2013 New CPT Codes: Payment for 32551-32557

Code	RVUs	Facility Payment	Non-FacPayment
32551	3.29	\$177.94	NA
32554	1.82	\$ 89.82	\$566.48
32555	2.27	\$112.28	\$653.24
32556	2.50	\$123.16	\$597.10
32557	3.12	\$166.03	\$969.32

2013 New CPT Codes: Prior Payments

Code	RVUs	Facility Payment	Non-FacPayment
32551	3.29	\$172.23	NA
32421	1.54	\$ 76.24	\$153.51
32422	2.19	\$122.88	\$194.35
76942-26	0.67	\$ 33.02	\$ 33.02
32421+USN	2.22	\$109.24	\$186.53
32422+USN	2.86	\$155.90	\$227.37

2013 New CPT Codes: 32551-32556 Payment, 2012 vs 2013

Code	2012 Facility Payment	2013 Facility Payment	2012 Non-Fac Payment	2013 Non-Fac Payment
32551	\$172.23	\$177.94	NA	NA
32554	\$ 76.24	\$ 89.82	\$153.57	\$566.48
	\$122.88	\$ 89.82	\$194.35	\$566.48
32555	\$109.24	\$112.28	\$186.53	\$653.24
	\$155.90	\$112.28	\$227.31	\$653.24
32556	\$172.23	\$123.16	NA	\$597.10

2013 New CPT Codes: 32551-32557 Payments, 2012 vs 2013

- Facility payments are **up** slightly for open chest tube insertion, thoracentesis with needle and thoracentesis w needle + USN
- Facility payments are down for thora-centesis with tube with and without USN, and chest tube insertion (not open).
- Non-facility payments for **all** are **increased** because of substantial practice expense increases.

Question Two

- A pulmonologist performs a thoracentesis with ultrasound. Which code should be used?
- A. 32554
- B. 32555
- C. 32556
- D. 32557
- E. 32554 + 76942-26

Question Two

- A pulmonologist performs a thoracentesis with ultrasound. Which code should be used?
- A. 32554
- B. 32555
- C. 32556
- D. 32557
- E. 32554 + 76942-26

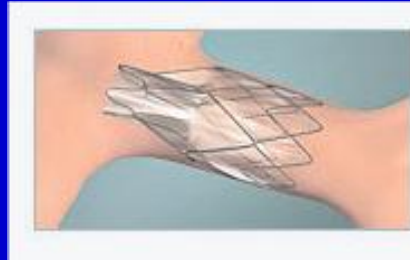
2013 New CPT Codes: Bronchial Valve(s) Insertion

- **31647:** Insertion of bronchial valve(s), with balloon occlusion, when performed, and assessment of airway sizing, initial lobe.
- **31651:** Insertion of bronchial valve(s), with balloon occlusion, when performed, and assessment of airway sizing, each additional lobe.
- Codes are non-sequential.
- Replaced **0250T** which is eliminated.
- Use **31651** in conjunction with **31647**.

Balloon Catheter Occlusion Locate/Isolate Pleural Rupture



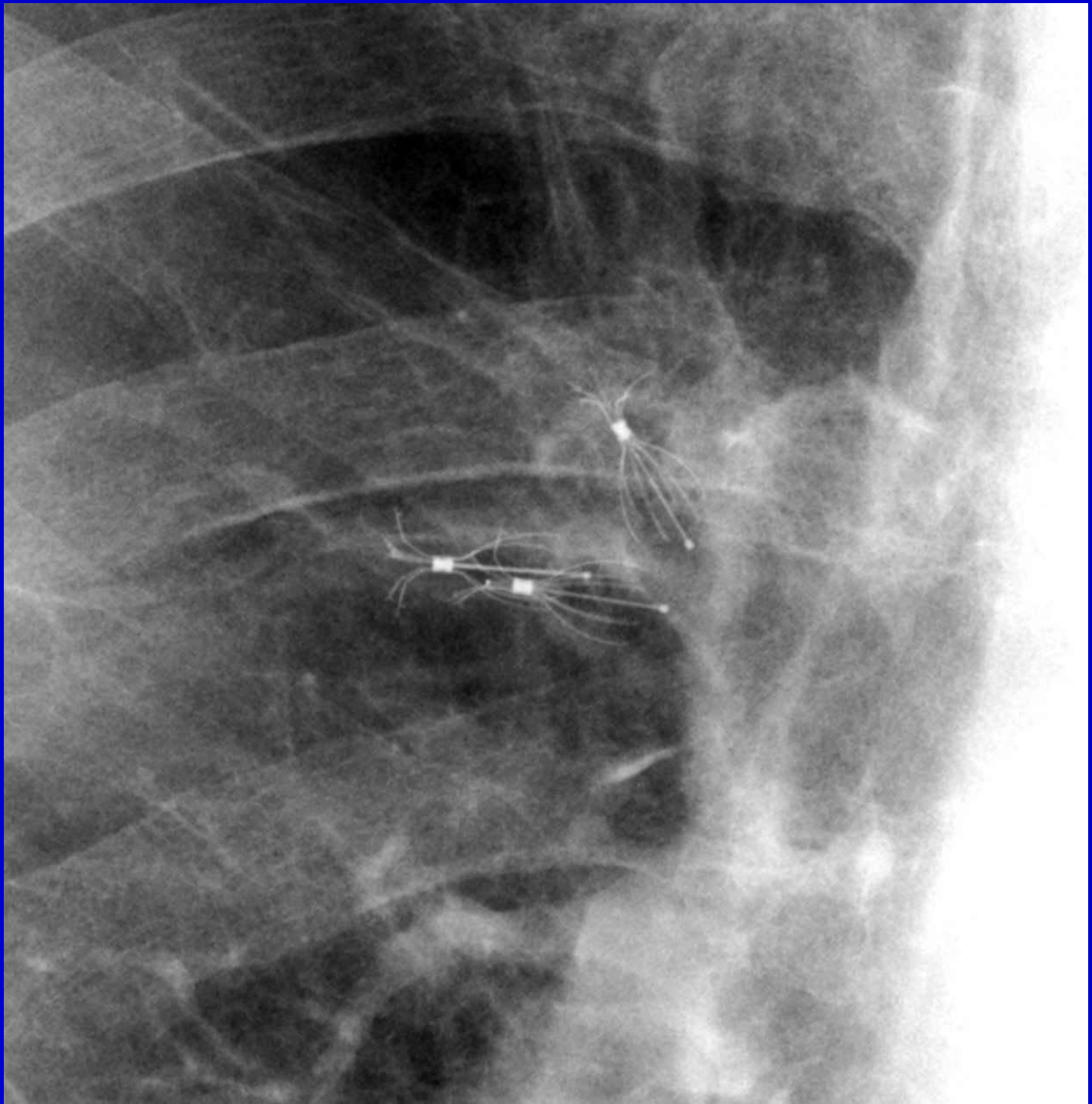
Bronchial Valves





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2013 New CPT Codes: Bronchial Valve(s) Insertion

- **31647:** Insertion of bronchial valve(s), with balloon occlusion, when performed, and assessment of airway sizing, initial lobe.
- **31651:** Insertion of bronchial valve(s), with balloon occlusion, when performed, and assessment of airway sizing, each additional lobe.
- Codes are non-sequential.
- Replaced **0250T** which is eliminated.
- Use **31651** in conjunction with **31647**.

2013 New CPT Codes: Bronchial Valve(s) Removal

- **31648:** Removal of bronchial valve(s), initial lobe.
- **31649:** Removal of bronchial valve(s), each additional lobe.
- Codes are in sequence.
- Replaced **0251T** and **0252T** which are eliminated.
- Use **31649** in conjunction with **31648**.

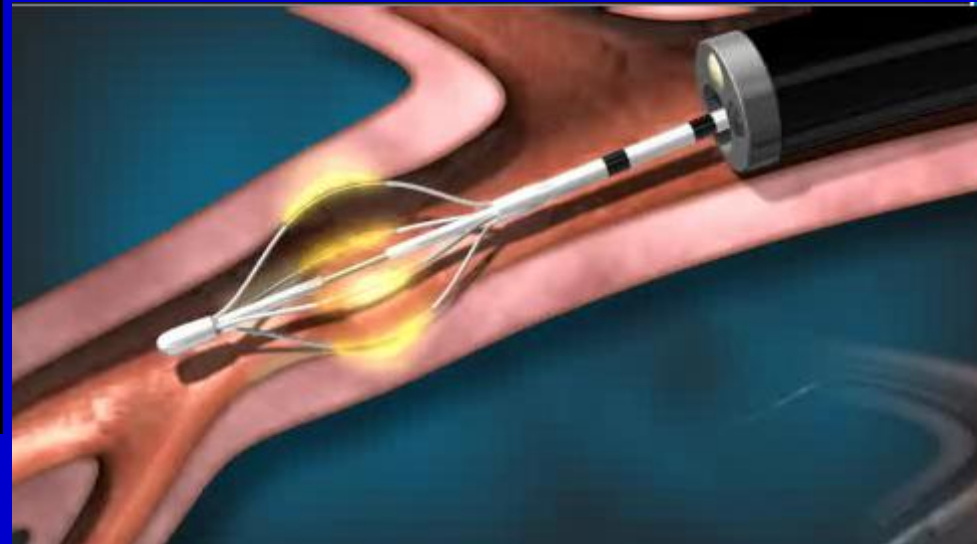
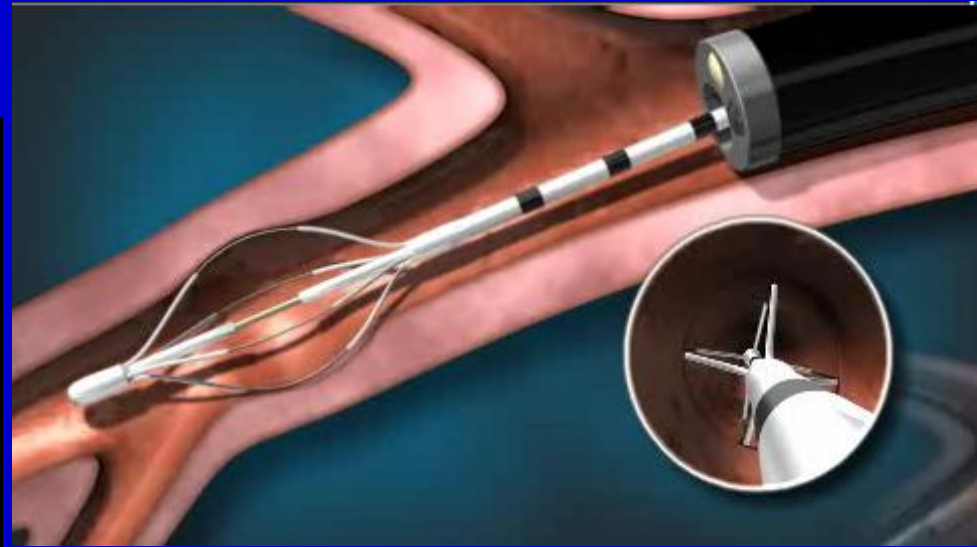
2013 New CPT Codes: Payment for Bronchial Valves

Code	RVUs	Facility Payment	Non-FacPayment
31647	4.40	\$225.91	NA
31651	1.58	\$ 78.59	\$78.59
31648	4.20	\$236.12	NA
31649	1.44	\$ 74.17	\$74.17

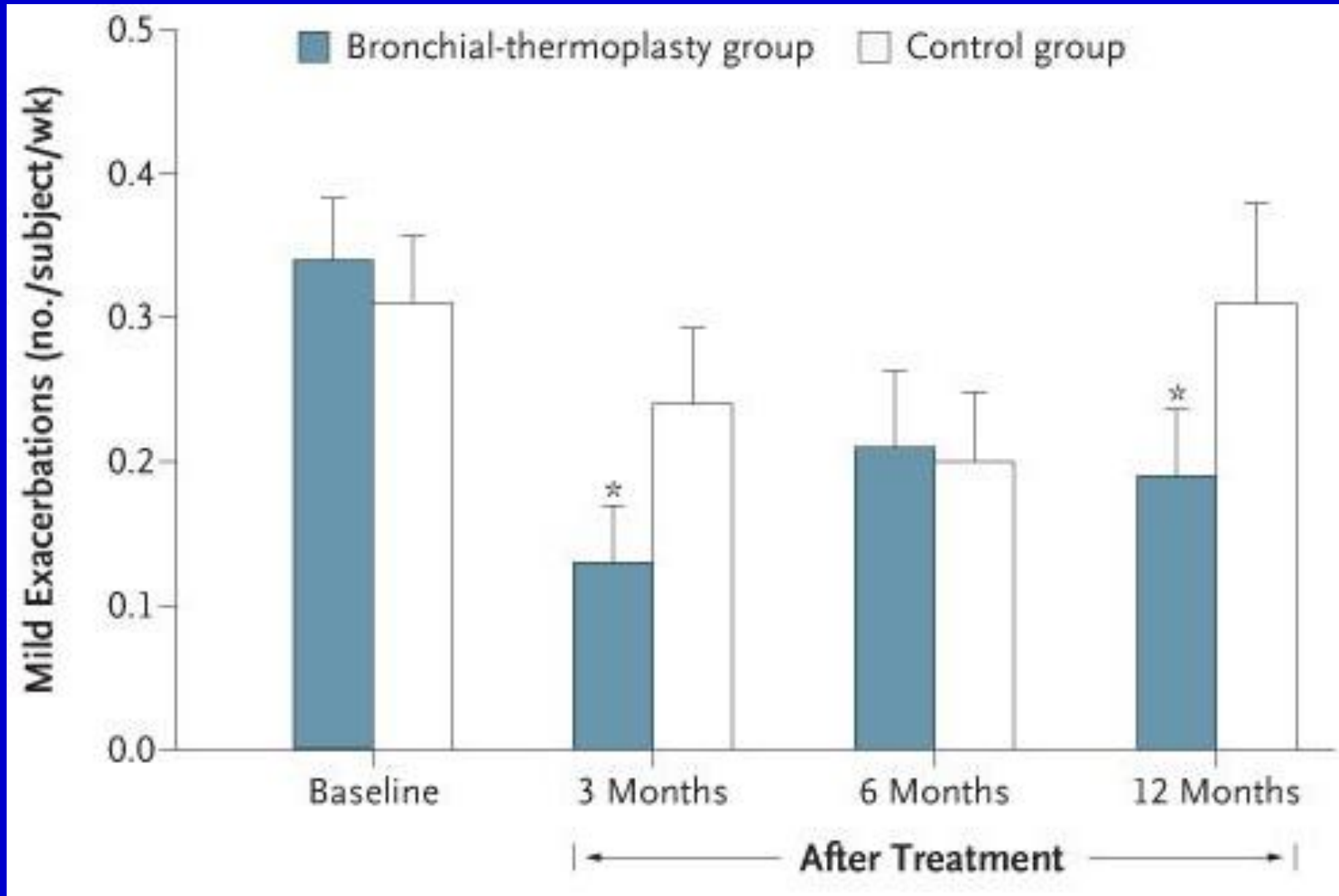
2013 CPT New Codes: Bronchial Thermoplasty

- **31660:** Bronchial thermoplasty, 1 lobe.
- **31661:** Bronchial thermoplasty, 2 or more lobes.
- These codes replace **0276T** and **0277T** which are eliminated.

Bronchial Thermoplasty

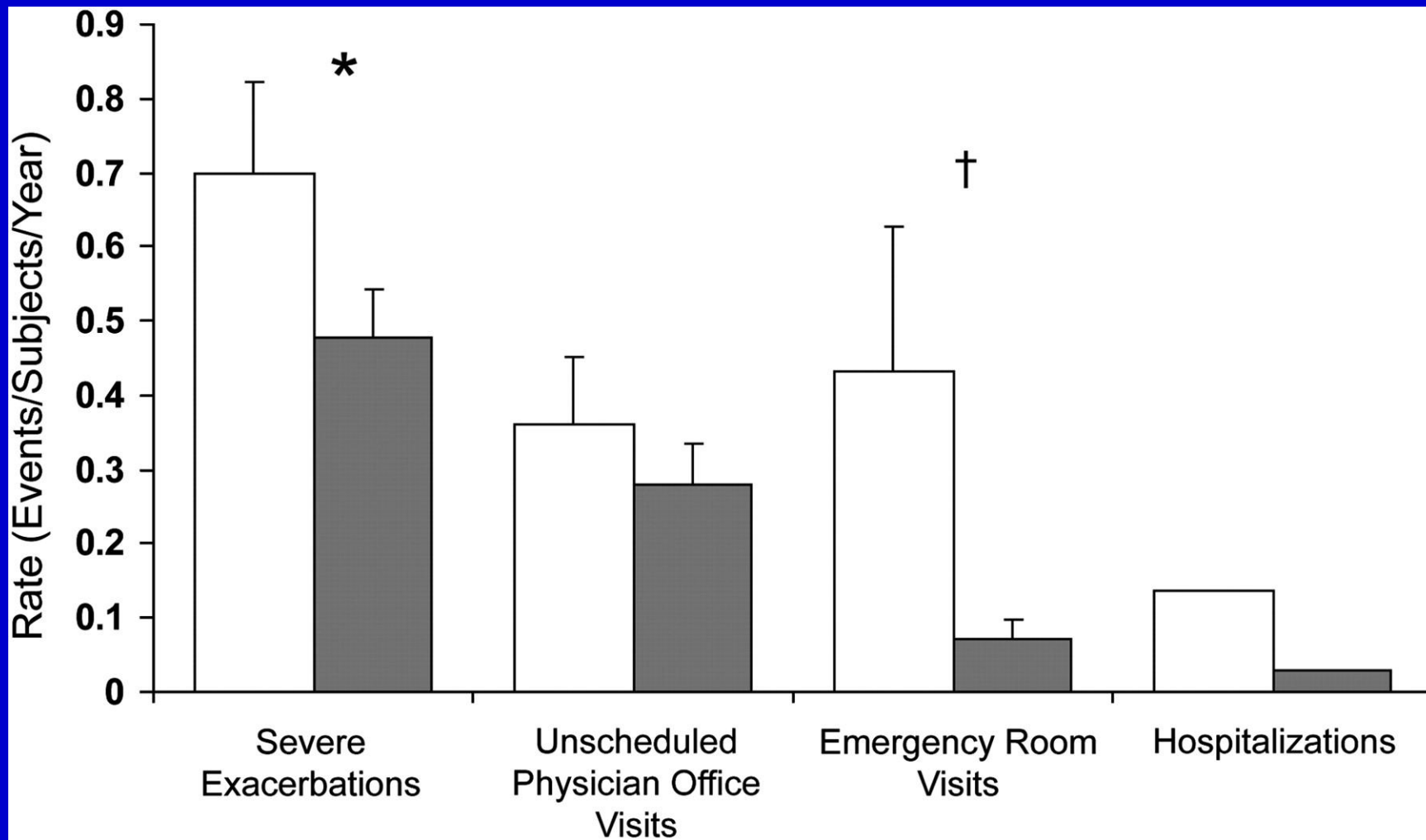


Bronchial Thermoplasty



Cox G et al. N Engl J Med 2007;356:1327-1337
Asthma Control during the Year after Bronchial Thermoplasty

Bronchial Thermoplasty



Castro M et al. *Am J Resp Crit Care Med* 181:116-124, 2010.

Effectiveness and Safety of Bronchial Thermoplasty in the Treatment of Severe Asthma
A Multicenter, Randomized, Double-Blind, Sham-Controlled Clinical Trial

2013 CPT New Codes: Bronchial Thermoplasty

ICD-9-CM Codes Reported with **31660** &
31661:

493.00: Extrinsic asthma, unspecified.

493.10: Intrinsic asthma, unspecified.

493.20: Chronic obstructive asthma,
unspecified.

493.90: Asthma, unspecified.

2013 New CPT Codes: Payments for B. Thermoplasty

Code	RVUs	Facility Payment	Non-FacPayment
31660	4.25	\$226.59	NA
31661	4.50	\$239.18	NA
95782	2.60	NA	\$1,045.19
95783	2.83	NA	\$1,115.61

Question Three

A pulmonologist inserts 3 bronchial valves in the RUL and 4 valves the RML. How would you code these procedures?

- A. **31647, 31648**
- B. **31647, 31751**
- C. **31647 X 3, 31648 X 4**
- D. **31647 X 3, 31651 X 4**

Question Three

A pulmonologist inserts 3 bronchial valves in the RUL and 4 valves the RML. How would you code these procedures?

- A. 31647, 31648
- B. 31647, 31751
- C. 31647 X 3, 31648 X 4
- D. 31647 X 3, 31651 X 4

Question Four

A pulmonologist performs bronchial thermoplasty on the RLL and two weeks later performs BT on the LLL. What codes should be used for each?

- A. 31660, 31660
- B. 31660, 31661
- C. 31661, 31661

Question Four

A pulmonologist performs bronchial thermoplasty on the RLL and two weeks later performs BT on the LLL. What codes should be used for each?

- A. 31660, 31660
- B. 31660, 31661
- C. 31661, 31661

Question Five

What ICC-9-CM code should be used for this bronchial thermoplasty procedure?

- A. 493.01
- B. 493.22
- C. 493.11
- D. 493.92
- E. 493.20

Question Five

What ICC-9-CM code should be used for this bronchial thermoplasty procedure?

- A. 493.01
- B. 493.22
- C. 493.11
- D. 493.92
- E. 493.20

2013 New CPT Codes: Pediatric Sleep Codes

- **95782:** Polysomnography, younger than 6 years, sleep staging with 4 or more parameters of sleep, attended by a technologist.
- **95783:** Polysomnography, younger than 6 years, sleep staging with 4 or more parameters of sleep, initiation of continuous airway pressure therapy or bilevel ventilation, attended by a technologist.

2013 New CPT Codes: Payments for Pediatric Sleep

Code	RVUs	Facility Payment	Non-FacPayment
31660	4.25	\$226.59	NA
31661	4.50	\$239.18	NA
95782	2.60	NA	\$1,045.19
95783	2.83	NA	\$1,115.61

2013 New Codes: Transitional Care Management

- Services for patients transitioning from a facility (eg. hospital) to a non-facility (eg. home care) setting 30 days post discharge
- Service requires early (within 2 bus. days) and frequent communication with the patient, care givers & home care personnel over the month following discharge.
- Moderate or highly complex patients with multiple co-morbidities at high risk for deterioration.

2013 New CPT Codes: Transitional Care Management

- **99495:** TCM of a patient requiring either moderate or highly complex medical decision making.
- Face-to-face visit within **14** days of discharge.
- Visit can be in the office, home or other location where the patient resides.

2013 New CPT Codes: Transitional Care Management

- **99496:** TCM of a patient requiring highly complex decision making.
- Face-to-face visit must occur within **7** days of discharge.
- Visit can be in the office, home or other location where the patient resides.

2013 New CPT Codes: TCM Payments

Code	RVUs	Facility Payment	Non-FacPayment
99495	2.11	\$134.73	\$163.99
99496	3.05	\$197.67	\$231.36
99214	1.50	\$ 76.55	\$106.83
99215	2.11	\$107.85	\$142.90

Question Six

- A patient with respiratory failure due to COPD is discharged from the hospital. The pulmonologist and the staff arrange for Pulm. Rehab, home nebulizer therapy, home O2 and the patient is seen within 7 days. What code should be used?
- A. **99495**
- B. **99496**
- C. **99214**
- D. **99215**

Question Six

- A patient with respiratory failure due to COPD is discharged from the hospital. The pulmonologist and the staff arrange for Pulm. Rehab, home nebulizer therapy, home O2 and the patient is seen within 7 days. What code should be used?
- A. 99495
- B. 99496
- C. 99214
- D. 99215

Non-Physician Diagnostic Testing: Performing vs. Supervising For Medicare

Performing Diagnostics

- May perform and interpret
- No physician supervision
- Inpatient/facility issues
 - Credentialing
 - Privileges
 - JCAHO/other regulatory limits

Supervising Diagnostics

- Diagnostic testing a **different** benefit category!!!
- Cannot supervise another NPP or resident, since cannot fulfill the **physician** supervision (general, direct or personal) requirement for the diagnostic testing benefit!!!

...and remember screening is yet still a different defined benefit category!!!

Sequestration and the 2013 CF

- 2013 Conversion Factor is \$34.0230.
- 2012 Conversion Factor was \$34.0376.
- On April 1, 2013, the CF will decrease by 2% (\$0.68 or to \$33.34) unless the sequestration is delayed or eliminated.
- As it appears currently, **count** on the 2% decrease on April 1, 2013!

2013 New Codes: Agenda

- ICD-9-CM codes
- ICD-10-CM codes
- Chest tube insertions and thoracentesis codes
- Bronchial valve insertion codes
- Bronchial valve removal codes
- Pediatric sleep codes
- Transitional Care Management codes
- NPP diagnostic testing and supervision

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