

CPT 2007

New Codes, New Rules *and* New Opportunities

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It is time, once again, to update your CPT codes. Whether you do this manually or receive automatic downloads to your computerized systems, you should be aware of the coding changes that are most likely to affect family physicians. A summary is available online at <http://www.aafp.org/fpm/20070100/cptchanges2007.pdf>.

Evaluation and management codes

Family physicians should know about two new codes for managing outpatient warfarin therapy: 99363 and 99364. Although the AAFP is advocating for payment of these services, at this time it appears that Medicare and some major private payers plan to bundle them and will not provide separate reimbursement for these codes. Also note that these do not replace the HCPCS code G0250, which should be reported for services related to Medicare patients who have mechanical heart valves and manage their international normalized ratios (INRs) at home. (For more about reporting code G0250, see "Coding & Documentation," *FPM*, April 2006.)

Included in the anticoagulation management codes are ordering prothrombin time tests, reviewing and interpreting results, instructing patients, and adjusting dosages as needed. This includes telephone or online communications and all anticoagulation management work done in an outpatient setting. This work should not be reported as care plan oversight or an evaluation and management (E/M) service. (If a significant, separately identifiable E/M service is performed on the same date as anticoagulation management, modifier -25 should be appended to that E/M code.)

To report anticoagulation management, the following rules apply:

- The physician must provide services for at least 60 continuous outpatient days.
- The initial 90-day period must include a minimum of eight INR measurements. (If fewer than the minimum number of services are performed, do not report.)
- Each subsequent 90-day period billed must include a minimum of three INR measurements.
- When anticoagulation management is initiated or continued in the inpatient or observation setting, a new period begins after discharge and is reported with code 99364.

To report anticoagulation management, physicians will need to track these services. If your practice has electronic health records, you might want to add a template for this service. Tracking can also be done with a simple spreadsheet in Microsoft Excel.

Minor changes to the consultation code introduction and inpatient consultation descriptors also are noted in CPT 2007. An introductory paragraph now indicates that consultations may be requested by qualified health care professionals other than physicians, by lawyers or by insurance companies. The manual also states that consultations requested by patients or their families are not reported as consultations but as office or other outpatient visit services, home services or domiciliary/rest home care. Also, the term "initial" inpatient consultation in last year's CPT manual implied that another consultation might be reported in the same hospitalization. Because the CPT guidelines only allow for one inpatient consultation per physician per admission, the term "initial" has been removed.

Surgery codes

Family physicians will want to take note of several revised codes in the CPT manual's surgery section. ➤

CODES 17000 AND 17003 WERE REVISED TO EXCLUDE DESTRUCTION OF BENIGN LESIONS.

Destruction of benign or premalignant lesions. Codes 17000 and 17003 were revised to exclude destruction of benign lesions. A new parenthetical note to these codes instructs physicians to report codes 17110 and 17111 for destruction of common or plantar warts. In conjunction with this, codes 17110 and 17111 were revised to include destruction of benign lesions other than skin tags or cutaneous vascular lesions.

Treatment of fractures of distal radius and ulnar styloid. CPT 2007 includes revisions to the code for treatment of fracture or dislocation of the distal radius and ulnar styloid. Most notable to family medicine may be the revision of code 25600 for closed treatment of a distal radial fracture to state “includes closed treatment of fracture of ulnar styloid, when performed.”

Circumcision. Codes 54150 through 54161 have been revised. Code 54150 is now reported for circumcision by clamp or other device with regional dorsal penile or ring block regardless of age. If a circumcision using clamp or other device is performed without regional dorsal penile or ring block, then modifier -52 for reduced services should be appended to code 54150. Because code 54150 is no longer limited to newborns, code 54152 was deleted.

Circumcisions performed using surgical excision other than clamp, device or dorsal split should still be reported with codes 54160 and 54161. Code 54160 should now be used for neonates (28 days of age or less), and code 54161 should be used for a patient older than 28 days.

Other codes of note

Other 2007 changes include the addition of code 76813 to the CPT manual’s diagnostic ultrasound subsection for the reporting of “ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation.” The new code 76814 should

be used to report this procedure for each additional gestation.

Some new codes in the pathology and laboratory section might interest family physicians:

- 83698 Lipoprotein-associated phospholipase A2 (Lp-PLA2);
- 86788 Antibody; West Nile virus, IgM;
- 86789 Antibody; West Nile virus;
- 87498 Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique;
- 87640 Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique;
- 87641 Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique;
- 87653 Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique;
- 87808 Infectious agent antigen detection by immunoassay with direct optical observation; Trichomonas vaginalis (point-of-care test previously reported with code 87899-QW).

Putting codes into practice

As must be done each year, it is now time to put the new codes and code changes relevant to your practice into your superbills and other practice tools. If you don’t already reference it, you might want to cross-reference Appendix B in the back of your CPT 2007 manual, which lists all of the additions, deletions and revisions for this year. Also, Appendix M in the 2007 manual provides a crosswalk from deleted codes to CPT 2007 codes. However you update, I hope it is painless and profitable. 

Send comments to fpmedit@aafp.org.

About the Author

Cindy Hughes is the coding and compliance specialist for the AAFP and is a contributing editor to *Family Practice Management*. Author disclosure: nothing to disclose.

■ This year’s CPT revisions include two new codes for managing outpatient warfarin therapy.

■ A number of revisions were made to the descriptors for several CPT codes for circumcision.

■ The online version of this article includes a link to a PDF file that summarizes all of the CPT code changes discussed here.