Objectives

- Review of CPT OUTPATIENT coding for common Respiratory system procedures Part II

Respiratory System & CPT

- Respiratory Subsection
  - Headings
    - Nose
    - Accessory Sinuses
    - Larynx
    - Trachea and Bronchi
    - Lungs and Pleura
      - Lung Transplantation
      - Surgical Collapse tx:
        - Thoracoplasty
  - Subheadings (1 + each Heading)
    - Incision
    - Excision
    - Removal of FB
    - Repair
    - Destruction
    - Endoscopy
    - Other Procedures
Nose

- Nose
- Nasal septum
- Intranasal tissue
- Nasal turbinates
- Skin of nose

Codes ranges - simple to complex
- 30901-30906
  - Control of nasal hemorrhage
  - NOT reported w/other procedure codes
- Considered integral part


Nose, Excision

- Turbinates
  - Type of procedure
  - Technique
    - Endoscopy
    - Cauterization
    - Debridement
    - Laser
    - Cryotherapy
    - Radiofrequency reduction
    - Ablation

- Can be reported separately with other nose surgical proc
  - sphenoid, maxillary, frontal sinus, septoplasty
  - NOT w/ethmoid sinus
  - 30130-30140 – unilateral
    - -50 if bilateral
    - -59 if for sep. dx

Nasal Approaches

- Open
  - Making an incision into skin or tissues inside the nasal cavity

- Endoscopic
  - Fiberoptic endoscope is inserted through the nostrils

http://www.aed.md/3-Flex-Rhino.html

Nose Examples

- Total intranasal ethmoidectomy for chronic sinusitis & complete excision of inferior turbinate for sleep apnea
  - 31201, 30130-59
- Sinus endoscopy w/ partial ethmoidectomy and septoplasty
  - 31254, 30520
- Bilateral surgical endoscopic nasal septoplasty w/cartilage scoring
  - 30520-60, 31254-50-51
Accessory Sinuses

- Heading - unique guidelines for endoscopies
- 31231-31294 unilateral
  - LT, -RT, or -50
- Dx vs. surgical endoscopy
- Dx endoscopy reported once, even when bilateral
- Surgical endoscopy includes
  - dx endoscopy
- Surgical sinus endoscopy includes
  - Sinusotomy AND
  - Dx endoscopy

- Middle turbinate is part of ethmoid bone
  - When removed as part of 31237 OR 31254-31255
    - DO NOT report removal
- 30930 (Fx nasal turbinates)
  - Usually inferior turbinates
  - Code separately w/ 31255, 30520
  - When middle turbinates fixed for sinus proc.
    - Do NOT report (code)

- Biopsy of lesion of accessory sinuses
  - DO NOT REPORT when
    - Part of excision, destruction, other type of removal
  - Code ONLY once
    - Multiple similar/identical lesions
    - Multiple areas of respiratory system

Larynx

- Epiglottis
- Larynx
- Inside Trachea
- Larynx is a single midline organ
  - No -50
- Laryngectomy with bilateral radical neck dissection
  - 31365
  - 38720-59

Arytenoidectomy/pexy

- Arytenoid cartilage
  - Located in bilateral vocal fold
- Arytenoidectomy
- Arytenoidopexy
  - Can be open 31400
  - Or closed 31560
- Done to improve breathing

Larynx Endoscopy

- Documentation should note
  - Direct
  - Indirect
  - Use of fiberoptic scope that transmits light
  - Operating microscope for magnification
- Direct
  - Flexible or rigid fiberoptic scope
  - Rigid laryngoscope
- Indirect
  - Small hand mirror in back of pt’s throat
  - Dr. headgear w/mirror and light source

Laryngoscopy to place endotracheal tube

- DO NOT code laryngoscopy separately
  - 31500 Laryngoscopy to place endotracheal tube for air passage in emergency
  - Laryngoscopy to place endotracheal tube for nonemergent purposes (anesthesia or bronchoscopy)
  - Laryngoscopy for tracheostomy
- DO NOT code tracheostomy separately
  - 31600
  - When essential part of laryngeal surgery

Trachea and Bronchi

- Procedures performed
  - THROUGH the trachea
  - On tracheal cartilage (carinii)
  - Bronchi
Endoscopy

- Bronchoscopy
- Tracheoscopy
- Tracheobronchoscopy
  - Flexible or Rigid scopes
  - w/wo brushings
  - w/wo cell washings

- Brushing
  - Combing the mucous lining of trachea/bronchus with bronchial brush to collect cells

- Cell washing
  - Flushing fluid into an area
  - Removing fluid via aspiration to collect cells

Bronchoscopy

- 31622-31656
  - May also include bx
  - Include nasal endoscopy
  - Laryngoscopy

- 31622-31629 Distinct procedures
- Report each code separately
- Do NOT add -51

Dx & Surgical Endoscopies

- Surgical endoscopies include dx endoscopies

- Dx endoscopy during open procedure – DO NOT CODE endoscopy

- Failed surgical endoscopy converted to open procedure
  - Code ONLY the open procedure

Bronchoscopy Bx

- When endobronchial bx (31625) performed in addition to transbronchial bx (31628)
  - Edit states 31625 is component of 31628

- When to add -59
  - IF Bx of bronchus & transbronchial lung bx are in different lobes, Code 31628, 31625-59.
  - IF Bronchial bx in same lobe as TBLBx, cannot charge for bronchial bx, 31628 ONLY

Bronchoscopy Example

- A patient presents with aspiration of a FB. Dx bronchoscopy done to locate FB. Surgical bronchoscopy removes the FB.
- 31635

Lungs and Pleura

- Excision
- Removal
- Endoscopy
- Lung Transplantation
- Thoracoplasty

Excision, Lungs & Pleura

- 32400 Biopsy, pleura; percutaneous needle
  - Long needle inserted through skin & into other tissues (chest wall, lung, mediastinum)
  - NOT fine needle aspiration (10021-10022)

Removal

- 32400 Percutaneous pleural bx
  - Inserting long needle through skin, etc. to get pleural TISSUE
- 32420 Pneumocentesis
  - Puncture of the lung with needle to drain fluid/obtain dx material
- 32421-32422 Thoracentesis
  - Surgical puncture of the chest wall with a needle to obtain fluid from the pleural cavity
  - Dx evaluation
  - Drain excess fluid of pleural effusion

Removal, Lungs & Pleura

- Pneumonectomy 32440
  - Removal of ENTIRE lung
- Lobectomy – 32480
  - Removal of ONE lobe
- Segmentectomy – 32484
  - Removal of ONE segment
- Wedge resection – 32500
  - Removal of lung portion that is less than segment - lesion

Endoscopy

- Thoracoscopy
  - Pleural space between lung and chest wall must be large enough to move instruments around easily and to visualize all important areas of thoracic cavity
  - A pneumothorax is created to provide the space to work in
- When open lung/chest procedure follows, code both, open code 1st
- When surgical thoracoscopy converted to open procedure, code open proc. ONLY

Thoracoscopy Example

- Pt has thoracoscopic bx, during which talc was placed via an insufflator. Surgeon used thoracoscope to assist in the placement of talc
- 32602, diagnostic thoracoscopy with bx, AND
- 32650, surgical thoracoscopy with pleurodesis

Thoracostomy for Pneumothorax

- Surgeon placed a chest tube for patient who presented with pneumothorax. Dr. noted chest tube inserted & placed to negative pressure system.

CPT code 32551, Tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema), when performed (separate procedure)
- CPT code 32421 describes a thoracentesis for aspiration, which denotes more transient procedure
Lung Transplantation

• Each distinct component is coded separately
  – Cadaver donor pneumonectomy 32850
  – Recipient lung allotransplantation 32851-54
  – Backbench work 32855-32856
• Unilateral/Bilateral

Pulmonary Services

• 94002-94799 Tx and Dx
• When provided during E/M encounter
  • report w/appropriate E/M code
• Ventilator services
• Laboratory procedures
• Interpretation of test results

PFT

• Dx procedure to allow physician to measure functional status of lungs
  – Spirometry 94010, 94375, 94060
  – Lung Volume 94240, 94260, 94360
  – Diffusion Capacity 94720
  – Lung compliance 94720
  – Pulm. Studies during exercise testing 94620

Example

• During a Level 3 E/M service to evaluate cystic fibrosis, pt underwent PFT to assess total volume of thoracic gas.
• Physician interpreted the results and adjusted the pt's meds
  • 277.02
  • 99213, 94260

Pulmonary Stress Testing

- Done to be sure Pt receiving enough O₂ WHILE performing normal tasks
- For reimbursement, need a hallway measuring approx. 100 feet long
- Pt walks 6 minutes, then breathing rate measured
- If certain level of SOB, then prescribe oxygen or other medications
- Ask Pt to return in a few days, in order to ensure that the tx is working properly (repeat PST)

Pulmonary Stress Testing

- Dx code must reflect
  - some type of chronic breathing condition
  - acute condition that requires careful monitoring
- VERY careful documentation
  - Ideally, pt’s weight, height, age, oxygen saturation, blood pressure, and SOB levels
  - nurse performing the test should clearly indicate monitoring activities
  - Check w/insurance companies

Pulmonary Stress Testing

- For Pulmonary Rehab patients, a 6-minute walk test done to assess progress with therapy is bundled into G0424 code
- even a single study can’t be billed separately

Pulmonary Rehabilitation

- Multidisciplinary team approach for patients with compromised lung function.
- Mainly for pts w/COPD
- Also asthma, cystic fibrosis, or bronchiectasis, pre-lung transplantation
- Includes exercise training, psychosocial support, and education
- Intended to improve pt’s functioning and quality of life
Typical Rehab Services

- **Exercise training sessions**
  - Supervised/monitored training in safe exercise techniques to improve functional independence in ADLs
  - Bicycle ergometer, treadmill, upper body exercise & education on energy conservation & compensatory breathing techniques
  - Respiratory rate, heart rate, blood pressure, & pulse oximetry monitoring during exercise sessions, as medically indicated

- **Patient education**
  - Breathing training to teach pt methods of relieving & controlling dyspnea & improving ventilatory function at rest & during activity
  - Understanding & knowledge of diagnosed pulmonary disease, home care,
  - Indicators to help pt know when to seek medical attention
  - May be in group setting, but individualized to each pt's specific needs

- **Follow-up**
  - Includes structured home pulmonary rehabilitation program & may include supervised home exercise conditioning

Common contraindications to Rehabilitation

- **Psychiatric disturbance**
  - dementia, organic brain syndrome, etc.

- **Significant or unstable medical conditions**
  - CHF, acute cor pulmonale, substance abuse, significant liver dysfunction, metastatic cancer, disabling stroke

Medical Necessity

- Team assessment completed w/input by physician, RT, nurse, & psychologist, etc. Includes
  - Pulmonary function testing w/in past year, which documents moderate to moderately severe obstructive or restrictive pulmonary disease (FEV₁ or FVC < 80% of predicted) AND
Medical Necessity

- Simple pulmonary stress testing, prior to/during admission evaluation,
- ID potential for rehabilitation through the assessment of oxygen status at rest and during exercise
- **NOTE:** appropriate aerobic alternative for pts unable to perform simple pulmonary stress testing, such as paraplegic patient
  - **AND**

Medical Necessity

- Significant respiratory symptoms
  - Dyspnea at rest or while performing ADLs, etc.
  - Remains symptomatic after other medical management has been attempted
- **AND**
- Medically stable Pt w/ no limitations from other psychological or medical conditions
- Pre-lung transplant meets medical necessity

2010 Pulmonary Rehab MC

- G0424 (Pulmonary rehabilitation, incl. exercise [includes monitoring], per hour/per session) COPD Dx ONLY (mod – very severe)
- Hospitals & practitioners report up to 2 one-hour sessions/day TOTAL of 36 sessions
- To report one session, treatment must last at least 31 minutes
  - multiple shorter periods same day
  - Add minutes, IF at least 31 minutes during day, bill for one-hour session

Pulmonary Rehab

- **Settings**
  - Physician’s office or a hospital (CAH) outpatient
- **Physician**
  - must be immediately available and accessible for medical consultations and emergencies at all times when services provided
Pulmonary Rehab Documentation

- 5 components documented in MR
  - Physician-prescribed exercise, inc. some aerobic exercise must be in each session
  - Education & training related to individual pt's treatment and needs, including information on respiratory problem management and smoking cessation counseling, if needed
  - Psychosocial assessment
  - Outcomes assessment
  - Treatment plan - how components are used for each pt

Other Pulmonary Rehab Codes

- G0237 and G0238 are timed codes
- G0239 is billable 1/day per patient
  - Can code 6-minute walk and other services
- BUT walk packaged into G0424
- Pt's Dx determines which codes are appropriate

G0237-38

- **G0237** Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)
- **G0238** Therapeutic procedures to improve respiratory function, other than described by g0237, one on one, face to face, per 15 minutes (includes monitoring)

G0239

- **G0239** Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)
TB Testing

- PPD, Mantoux screening test, Tuberculin Sensitivity Test, Pirquet test, or PPD test for Purified Protein Derivative - screening test to detect antibodies & presence of a disease
- V74.1 – Special screening examination for bacterial and spirochetal diseases; Pulmonary tuberculosis
- CPT 86580 ONLY
  - RBRVS does NOT include reading costs
- IF patient returns
  - code 99211 for nurse reading
- IF test positive (795.5), can capture 99212-99214, based on what is discussed + other tests

Smoking Cessation

- 99406 3-10 minutes 99407 10 min +
- Documentation
  - at least 3 minutes discussing smoking issue
  - providing advice on how to stop
  - Record time spent on counseling
  - type and quantity of tobacco used
  - therapeutic recommendations.
- 99406 Can bill 4xyr, depending on insurance

MC Smoking Cessation

- Beneficiaries w/ smoking-related disease
  - heart disease, cerebrovascular disease (stroke), multiple cancers, lung disease, weak bones, blood clots, and cataracts
- Beneficiaries taking any medication whose effectiveness is complicated by tobacco use
  - insulin and some medicines for high blood pressure, blood clots, and depression
- up to 8 FTF visits during 12-month period

Resources

- Outpatient Pulmonary Rehabilitation Services. BCBS Florida. 6/27/11
  - http://mcgs.bcbsfl.com/?doc=Outpatient Pulmonary Rehabilitation Services
- Correctly code for new cardiac, pulmonary rehab benefits. JustCoding News: Outpatient, 3/10/10
- Mackaman, D. Pulmonary Rehabilitation Services Revisited. 5/10/10.
  - http://blogs.hcpro.com/medicarefind/2010/05/pulmonary-rehabilitation-services-revisited/
Questions ???

ilemten@gmail.com

Thank You!