Smoking cessation

Start the meter after 3 minutes

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It's likely you counsel your patients about smoking cessation at least once a day, if not more. Do you know that you can be reimbursed for this important service? Medicare and Medicaid pay for 8 visits annually in a 12-month period, and other payers are rapidly following suit. In 2005, the Centers for Medicare and Medicaid Services (CMS) added procedure codes for intermediate and intensive smoking cessation visits:

G0375
Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes.

Short descriptor
Smoke/tobacco counseling 3-10

G0376
Smoking and tobacco-use cessation visit; intensive, greater than 10 minutes.

Short descriptor
Smoke/tobacco counseling greater than 10

G0375 pays approximately $13; G0376 pays approximately $25. The exact payment depends on your geographic practice cost index (GPCI) as determined by CMS.

These codes do not modify coverage for minimal smoking cessation counseling (3 minutes or less in duration), which is considered covered as part of each evaluation and management (E/M) visit, and therefore is not separately billable.

WEB RELATED
new.cms.hhs.gov/transmittals/downloads/R562CP.pdf

CPT 2007: What's in it for you?

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ObGyns stand to benefit from new Current Procedural Terminology (CPT) codes that capture more of the specifics of procedures such as laparoscopic hysterectomy, and provide codes for newer kinds of services such as prenatal nuchal translucency screening and genetic counseling. A downside for 2007—getting accustomed to the renumbered codes for bone density and breast imaging.

Laparoscopic hysterectomy codes get specific

58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
58542 …with removal of tube(s) and/or ovary(s)
58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g
58544 ...with removal of tube(s) and/or ovary(s)

Supracervical hysterectomy

Until now, the only coding options for laparoscopically assisted supracervical hysterectomy were 58550–58554 with a modifier 52 (*reduced services*) because the cervix was not removed, or the unlisted code 58578 (*unlisted laparoscopy procedure, uterus*). The 4 new codes are more accurate. **Do not report the following codes** with any of the 4 new codes: 49320 (*diagnostic laparoscopy*), 57410 (*exam under anesthesia*), 58140 (*abdominal approach myomectomy*), 58150 (*total abdominal*

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hysterectomy), 58661 (*laparoscopic removal of tube[s] and or ovary[s]*), or 58670–58671 (*laparoscopic tubal ligation procedures*).

Because of an oversight when the book went to press, laparoscopic myomectomy codes are missing; however, these should *not* be separately reported: 58545 *(laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas)* and 58546 *(laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g)*.

Removal of uterine fibroids within the uterus is never reported in addition to the hysterectomy code.

Radical hysterectomy

58548 Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s) if performed

This new procedure code is for a laparoscopic radical hysterectomy that might be performed for invasive cervical cancer. Previously, the code was 58578 (*unlisted laparoscopy*).

Do not report these codes when a radical hysterectomy is performed: 38570–38572 (*laparoscopic removal of lymph nodes*), 58210 (*radical abdominal hysterectomy*), 58285 (*radical vaginal hysterectomy*), or 58550–58554 (*laparoscopically assisted hysterectomy*).

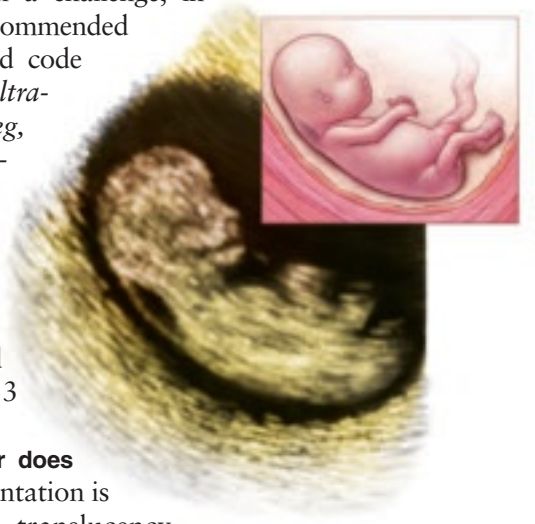
Nuchal translucency: Document the detail

76813 Ultrasound, pregnant uterus, real time with image documentation, 1st-trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or 1st gestation

76814 ...each additional gestation

Reimbursement should become routine for 1st-trimester nuchal translucency ultrasound imaging.

Coding has been a challenge; in fact, ACOG only recommended reporting the unlisted code 76999 (*unlisted ultrasound procedure [eg, diagnostic, interventional]*), which requires submission of documentation to make the case for payment. The test is normally performed between 11 and 13 weeks' gestation.



When measured correctly, nuchal translucency thickness is a powerful marker in Down syndrome screening in the late first trimester

Even when the payer does not require it, documentation is important. Nuchal translucency ultrasound documentation should include:

- the fetal crown–rump length
- verification of the sagittal view of the fetal spine
- 3 measurements of the maximum thickness of the subcutaneous translucency between the skin and the soft tissue overlying the cervical spine
- as with all ultrasound procedures, image documentation and a final written report

Special training is required by the sonographer or physician who performs this measurement. So be aware that the payer may have rules to ensure such training.

Different codes for initial and recurrent cancer

58950 Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy

Primary malignancy resections will continue to be reported with the existing code numbers 58950 through 58952. To make the point clear, CPT revised the wording of the base code, 58950, to specify the initial operation.

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FAST *TRACK*

Reimbursement for fetal nuchal translucency testing is likely to become routine

58957 Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed

58958 ...with pelvic lymphadenectomy

Unlike other codes for malignancy in the female genitourinary section of CPT, the above 2 new codes specify a broader range of cancers to include uterine malignancy.

Previously, code 49200 or code 49201 (*excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas*) would have been as reported for recurrent uterine malignancy.

Do not report these codes in addition: 38770 and 38780 (*removal of pelvic or retroperitoneal lymph nodes*), 44005 (*enterolysis*), 49000 (*exploratory laparotomy*), 49200–49215 (*open excision of tumors*), 49255 (*omentectomy*), or 58900–58960 (*removal of tubes and ovaries*).

New technologies

Uterine artery embolization

37210 Uterine artery embolization

The new code includes vascular access, vessel selection, injection of the material, intraprocedure mapping, and all radiological supervision and interpretation, including image guidance.

Genetic counseling

96040 Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family

This code is good news for practices that use the services of a genetic counselor. Need, content, and total time must be documented in the report. However, Medicare has assigned no physician relative value units to this new code because they consider it bundled into any E/M service. Check with your payers about separate reimbursement for this service. ■

***FAST** TRACK*

A new year brings new code numbers for bone density and mammography

Bone and breast imaging codes renumbered, intraoperative ultrasound guidance code added

	OLD	NEW
BONE DENSITY		
CT, bone mineral density study 1 or more sites		
Axial skeleton (eg, hips, pelvis, spine)	76060	77078
Appendicular skeleton (peripheral) (eg, radius, wrist, heel)	76061	77079
Dual-energy X-ray absorptiometry, bone-density study 1 or more sites		
Axial skeleton	76065	77080
Appendicular skeleton	76067	77081
Vertebral fracture assessment	76077	77082
Radiographic absorptiometry (eg, photodensitometry, radiogrammetry) 1 or more sites	76078	77083
MAMMOGRAPHY		
Unilateral	76090	77055
Bilateral	76091	77056
Screening mammography, bilateral (2-view film study of each breast)	76092	77057
INTRAOPERATIVE ULTRASOUND		
Ultrasound guidance, intraoperative	76986	76998