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Part B Insider (Multispecialty) Coding Alert

CCI: April Brings Dozens of New CCI Edits

Attention, coders! Forget last month's coding rulebook, because it's a whole new ball game now.

Version 9.1 of the Correct Coding Initiative went into effect April 1, and that means big changes in the reimbursement landscape for physician practices. Here are some of the edits that will affect different specialties.

Ob-gyn practices: Fifty-five new edits affect ob-gyn practices, and all but five of them will never be paid if you bill them together.

The five that you can bypass with a modifier are:

51798, post-voiding residual urine, and 99211, minimal E/M service

52000, cystourethroscopy, and 51700*, bladder irrigation

57421, colposcopy of vagina w/Bx(s), and 57456, colposcopy of cervix w/ECC

57460, colposcopy of cervix w/LEEP Bx, and 57421, colposcopy of vagina w/Bx(s)

57461, colposcopy of cervix w/LEEP cone, and 57421, col-poscopy of vagina w/Bx(s).

Cardiac care: It's no longer OK to bill 36140, nonselective injection of iliacs on the same side as a heart catheter, according to one coder. She cites a recent example: "The physician attempted cath placement in both the left and right iliacs. Due to blockages, he could not advance the catheter. He had to gain access in the arm. Prior to these edits, we would have billed 36140-59 (Distinct procedural service) two times. Now we can't bill it at all."

Arthroscopy: the new edits bundle arthroscopic chondroplasty (29877) and foreign-body removal (29874) into several additional arthroscopic knee surgery codes. If you perform these procedures in separate compartments, make sure to report the new HCPCS code G0289, for arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee.

This new HCPCS code should make life easier for surgeons upset by last October's CCI Edits that bundled chondroplasty into the meniscectomy codes (29880-29881), because payers now accept G0289. Unfortunately, the new code garners less money than the previous codes.

Otorhinolaryngologic: The CCI now targets codes 92502 through 92700 for bundles, in particular otorhinolaryngologic services (92504, 92526, 92541) with minor office visits (99211); evaluation and treatment (92506-92507) with postoperative cochlear implant (92601-92604); and laryngeal function studies (92520) with FEES/FEEST procedures (92612-92616).

It may alarm people to see E/M codes bundled with ear exams, swallowing dysfunction tests, and spontaneous nystagmus tests. But this has long been the case, says **Pamela J. Biffle, CPC, CCS-P**, an independent consultant in the Dallas/Fort Worth area. CCI 7.3 established that codes that contain a global period include a minor E/M.

Family practice: Some pathology and laboratory edits may shock physicians. In particular, 80061 (Lipid panel) includes 83721 (Lipoprotein, direct measurement), along with cholesterol and triglyceride test codes 82465, 83718, and 84478. Since 80061 tests for "good cholesterol" and 83721 tests for "bad cholesterol," this may seem unfair. But with the other components of 80061, you can test for low-density lipoprotein, or bad cholesterol, as well, experts say.

Anesthesiology: The new edits continue the trend of bundling pain management injection codes with other services. Also, nonmutually exclusive edits bundle gastrointestinal anesthesia with the GI procedures themselves, including diagnostic procedures as well as surgical procedures with biopsy, removal of foreign body, control of bleeding, and removal or ablation of tumors or other lesions by various techniques.