Part B Insider (Multispecialty) Coding Alert

Correct Coding Initiative: 2 CCI Updates You Should Know

Check out these cardiology and pathology updates that could impact your claims.

The Correct Coding Initiative (CCI) has released a new version of CCI edits (version 22.0) as well as updates to the CCI manual, both effective Jan. 1, 2016. Here's what you need to know to avoid facing bundling edits this year.

Begin With a CCI Manual Background

Coders typically know to check for quarterly CCI updates, new versions of which go into effect every January 1, April 1, July 1, and October 1.

But while it's imperative that practices subscribe to the NCCI quarterly updates, it's also important to recognize the CCI manual, which you can download from www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html. When this manual is updated, you'll find the changes in the file italicized in red font. We've broken down one change to the quarterly edit updates, as well as a change to the manual, below.

1. Cardiology: Abbreviated RHC With Biopsy Gets a Mention

An update to Chapter XI.I.22 of the CCI manual offers advice on coding an abbreviated right heart catheterization (RHC) during endomyocardial biopsy. But you should approach this change with caution.

2015: Here is the 2015 wording: "Endoymocardial biopsy requires intravascular placement of catheters into the right ventricle under fluoroscopic guidance. Physicians should not separately report a right heart catheterization or selective vascular catheterization CPT® code for placement of these catheters. A right heart catheterization CPT® code may be separately reportable if it is a medically reasonable, necessary, and distinct service performed at the same or different patient encounter."

2016: This year, you'll find this sentence added at the end: "The right heart catheterization CPT® code may be reported only if a complete right heart catheterization procedure is performed. If an abbreviated right heart catheterization is medically reasonable and necessary, it may be reported with CPT® code 93799 (Unlisted cardiovascular service or procedure)."

Takeaway: It would be extremely unusual for a cardiologist to perform an abbreviated right heart cath because all of the information that is obtained is vital to determining the patient's treatment. To do less than the normal would be rare.

Additionally, there needs to be strong support in the documentation for why the cardiologist thought the minimal RHC (93799, according to the CCI manual) was medically necessary. Use 93799 cautiously and provide a description explaining what the cardiologist did.

Warning: Endomyocardial biopsy is a typical procedure following heart transplant. Experts advise that "post heart transplant" without further explanation is not sufficient to support reporting both the RHC and biopsy at the same session. Medically necessary RHC at the same session as endomyocardial biopsy is rare. Terms like elective, periodic, routine, and surveillance for the RHC suggest the RHC is not reportable as a diagnostic service. Also keep in mind that

performing right atrial and ventricular pressures can be part of the standard protocol for the biopsy rather than being a true diagnostic RHC.

Bottom line: Don't use the CCI manual's language change as an excuse to start reporting RHCs that are not medically necessary diagnostic procedures.

2. Pathology: Beware Molecular Pathology Coding Restrictions

Turning to the quarterly updates, nine new CPT® 2016 Tier 1 molecular pathology codes earn a host of new edit pairs in CCI Version 22.0.

The new CCI edits indicate that when you're reporting one of the new molecular pathology codes, you should not additionally report any other CPT® code that uses similar methodology, but would represent "double dipping" for a single test procedure. In other words, don't bill new molecular codes in the range 81162-81314 with any of the following:

- 84311 Spectrophotometry, analyte not elsewhere specified
- Culture typing codes 87140-87158
- Codes 87470-87801 for infectious agent detection by DNA or RNA probes
- Cytogenetics codes 88271-88291
- In situ hybridization (ISH) codes 88364-88377
- 81228-81229 Cytogenomic constitutional (genome-wide) microarray analysis ...

If you performed one of the new molecular pathology test, and separately performed one of these other tests on a different specimen for a different purpose, you could override the edit pair using an appropriate modifier such as 59 (Distinct procedural service).

There's more: CCI 22.0 also bundles the following codes with all Tier 1 and Tier 2 molecular pathology codes:

- +88364 In situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)
- +88369 Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)
- +88373 Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)

Let Genomic Codes Stand Alone

CPT® 2016 added codes in the range 81410-81471 for Genomic Sequencing Procedures and Other Molecular Multianalyte Assays a section that was new in 2015. Now CCI 22.0 restricts how you should report these services by adding a host of edit pairs.

The restrictions are broad, bundling codes in this section with all Tier 1 molecular pathology codes (except those for human leukocyte antigen [HLA] testing), all Tier 2 molecular pathology codes, and with most codes in the Multianalyte Assays with Algorithmic Analyses (MAAA) section, including several new codes in the range 81500-81595.

Here's why: Most of the genomic tests use next generation sequencing and are very comprehensive, so Tier 1, Tier 2 or MAAA tests would likely be a subset of a broader genomic test.

One more thing: You should not bill the genomic test codes with the molecular pathology interpretation code G0452 (Molecular pathology procedure; physician interpretation and report). Reserve G0452 for when your pathologists interpret a Tier 1 or Tier 2 molecular pathology test.