

Dermatology Coding Alert

NCCI 11.2 Update: Edits Bundle Injections With Nearly All Dermatology Procedures

Don't expect separate payment for drug administration unless you can justify a modifier

If you've been finding the new "G" codes for drug administration useful, get ready for a change: The latest round of the National Correct Coding Initiative (NCCI) edits, effective July 1, dictates that you will no longer be able to report G0351, G0353 or G0354 with nearly all of the integumentary system codes.

Code spotlight: Medicare paid these three drug administration codes plenty of attention in NCCI version 11.2, bundling them with over 4,000 procedures overall:

1. G0351 - Therapeutic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
2. G0353 - Intravenous push, single or initial substance/drug
3. G0354 - Each additional sequential intravenous push (list separately in addition to code for primary procedure).

Rationale: Injection is considered an inherent part of most procedures, says **Dawn Hopkins**, a senior reimbursement manager in Fairfax, Va. Either CMS is seeing "widespread abuse" of the new injection G codes by physicians trying to bill for them with many procedures, or this is a precaution. CMS may simply be trying to block all of the code combinations that haven't been commonly used so far, because they assume nobody ever bills them together, she says.

Break Bundles With Modifier When Medically Necessary

Modifier indicator "1" appears with these edits, meaning that you may break the bundles with a modifier if necessary, says **Cynthia Range, CPC**, coding and credentialing specialist with Tri-Cities Skin and Cancer in Johnson City, Tenn. Modifier indicator "0," on the other hand, would forbid you from reporting the codes separately under any circumstances.

Example: While performing an E/M service for verrucae, the dermatologist injects the patient with 40 mg of Depo-Medrol for atopic dermatitis (691.8, Other atopic dermatitis and related conditions). Report G0351-59, says **Jeffrey Weinberg, MD**, director of the Clinical Research Center, department of dermatology at St. Luke's-Roosevelt Hospital Center in New York City. Append modifier 59 (Distinct procedural service) to show that the Depo-Medrol injection was distinct from the E/M service. Also report J1030 (Injection, methylprednisolone acetate, 40 mg) for the supply of the drug.

Exceptions Reinforce the Rule

Comparing NCCI 11.2 against your CPT manual will yield a few dermatology codes that escaped the G-code bundling storm, but don't be in a hurry to report them along with drug administration - the CPT rules about add-on codes will slow you down.

None of the codes below are included in the NCCI 11.2 bundles with G0351, G0353 and G0354:

4. +11001 - Debridement of extensive eczematous or infected skin; each additional 10% of the body surface (list separately in addition to code for primary procedure)
5. +11008 - Removal of prosthetic material or mesh, abdominal wall for necrotizing soft tissue infection (list separately in

addition to code for primary procedure)

6. +11101 - Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (list separately in addition to code for primary procedure)
7. +11732 - Avulsion of nail plate, partial or complete, simple; each additional nail plate (list separately in addition to code for primary procedure).

The catch: Those codes are all add-on codes, which you cannot report by themselves. Add-on codes are designed to describe work in addition to a primary procedure. You must always report the primary procedure when you report an add-on code. For example, you cannot report 11001 unless you also report 11000 (Debridement of extensive eczematous or infected skin; up to 10% of body surface) to represent the first 10 percent of the body surface the dermatologist debrided.

Result: Since, in most cases, the primary procedures now include the drug administration G codes, by default the add-on codes do, as well, says **Martha Bernardo**, coder for a practice in Pittsfield, Mass. Despite the lack of official NCCI bundling, you will not be able to report those codes together, she says.

Most CPT manuals mark the add-on codes with a "+" and may include additional instructions about what codes should accompany them.

Start Heeding Bundles July 1

NCCI 11.2 has an effective date of July 1, 2005. When reporting procedures the dermatologist performs after July 1, you must adhere to the new coding edits. However, the edits do not apply to procedures the dermatologist performed prior to July 1, Range says. If you're coding visits from April 1 to June 30, refer to NCCI 11.1. Visits from Jan. 1 to March 31, 2005, fall under the NCCI 11.0 rules.

Note: To download the complete set of NCCI 11.2 edits, visit www.cms.hhs.gov/physicians/cciedits.