

## Dermatology Coding Alert

### NOVEMBER'S RECIPE FOR BILLING SUCCESS: NCCI 12.3 Targets Radiology Codes

The latest version of the National Correct Coding Initiative edits (12.3) went into effect on Oct. 1, and radiology codes are among the hardest hit. Take a look at the edits you'll want to pay attention to in this round, because if you bill bundled codes to Medicare or other carriers that follow NCCI guidelines, you'll face denials every time.

**Radiology minefield:** Code 75893 (Venous sampling through catheter, with or without angiography [e.g., for parathyroid hormone, rennin], radiological supervision and interpretation) becomes a component of:

- catheterization codes 36010-36015, 36120-36247, 37200-37215
- aortography/angiography codes 75600-75756
- transcatheter procedures codes 75894-75995
- IV infusion codes 90760 and 90765
- cardiovascular procedures codes 92975-92997
- cardiac catheterization codes 93503-93561
- chemotherapy administration 96409-96425.

Also, venography codes 75810-75891 become components of 75893. You can use a modifier to override these edits, if you can justify the need for separate venous sampling due to separate sites or separate sessions.

Also, 36500 (Venous catheterization for selective organ blood sampling) becomes a component of 146 codes, including many of the same catheterization, angiography, transcatheter therapy, cardiovascular procedures and chemotherapy codes as 75893. It also becomes a component of venography codes 75810-75891. These edits, too, can be overridden with the appropriate modifier if you can demonstrate separate sites or separate sessions.

Since the descriptor for 75893 includes angiography, it makes sense to bundle it with many of these other codes, says consultant **Donna Richmond** with CodeRyte in Bethesda, Md. "It would not be appropriate to code catheterization or angiogram with 75893 and 36500 unless the angiogram was being done in a different location," she says.

**Bottom line:** You'll have a much harder time billing for two basic venous catheterization codes along with over 100 catheterization and transcatheter therapy codes. You can still use a modifier with those edits, but be prepared to justify your claim with documentation showing why you need an extra venous catheterization code (e.g., a separate site or a separate session).

Meanwhile, 36000 (Introduction of needle or intracatheter, vein) and venipuncture code 36410 become components of radiation treatment code 77416 and every code from 77520 to 77790 except for 77750. Those two codes also become components of stereotactic codes G0173, G0243, G0251, G0339 and G0340. You can use a modifier to override these edits if you can show separate sites or separate sessions.

Venipuncture code 36425, bladder catheterization codes 51701-51703 and medical nutrition therapy codes 97802-97804 become components of x-ray guidance code 77421. You can't override those edits with a modifier.

The same venipuncture, bladder catheterization and medical nutrition codes also become components of stereotactic code G0173. Plus, tattoo codes 11920-11921 and burn treatment codes 16000-16035 become components of stereotactic codes G0173, G0243, G0251, G0339, G0340 and 0082T. These edits, too, won't yield to a modifier.

