

## Internal Medicine Coding Alert

### CCI: 0228T, 0230T Play Big Role in CCI 16.3 Edits

**Only report primary procedure -- except for 99455 edits.**

The latest version of Correct Coding Initiative (CCI) edits went into effect October 1, and introduced a slew of pairings involving new Category III "T" codes for transforaminal epidural injections. Edits affecting internists involve two of these new codes:

- 0228T -- Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level
- 0230T -- Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level.

**Explanation:** "The new Category III codes 0228T-0231T have added the addition of ultrasound guidance to transforaminal epidural injections," says **Susan Vogelberger, CPC, CPC-H, CPC-I, CMBS, CCP-P**, CEO of Healthcare Consulting and Coding Education in Boardman, Ohio. "That will eliminate the need to code the ultrasound independently." The existing, Category I codes for transforaminal epidural injections of anesthetic and/or steroids (64479-64484) include only the injection itself.

Although internists might not administer transforaminal epidurals every day, coders should always keep up with changes that might cross their desks. Keep reading for the scoop on procedures you can't report with 0228T or 0230T.

Even Simple Procedures Rule With NME Edits CCI classifies the bulk of edits involving 0228T and 0230T as non-mutually exclusive.

**No breakage:** The rationale behind the new bundling edits falls to "standards of medical/surgical practice." Most edits carry a modifier indicator of "0," which means you cannot break the edit with a modifier and report both codes during a single encounter.

Examples of common procedures that override the accompanying 0228T or 0230T codes include:

- Incision and drainage (such as 10060, Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single)
- Foreign body removal (such as 10120, Incision and removal of foreign body, subcutaneous tissues; simple) Lesion paring (such as 11055, Paring or cutting of benign hyperkeratonic lesion (e.g., corn or callus); single lesion)
- Skin tag removal (beginning with 11200, Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions)
- Lesion shaving (including 11300, Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less)
- Lesion destruction (17000, Destruction [e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement], premalignant lesions [e.g., actinic keratoses]; first lesion).

#### Check Possibility of Work Exam With Psych Test

A small group of edits in CCI 16.3 pair 99455 (Work related or medical disability examination by the treating physician ...) with psychodiagnostic assessments 96101-96105 and neuropsychological or standard cognitive performance tests 96118-96125.

**Good news:** The edits involving 99455 carry a "1" modifier indicator. A "1" modifier indicator means you can report both codes under certain circumstances and with enough supporting documentation. You'll need to append one of the



Associated modifiers (such as modifier 59, Distinct procedural service) to the Column 2 code. The modifier unbundles the edit and allows payment for both services.

CCI 16.3 includes more than 19,000 new edit pairs, says **Frank Cohen, MPA, MBB**, of The Frank Cohen Group in Clearwater, Fla. Check the latest version at [www.cms.gov](http://www.cms.gov) to ensure you correctly report procedures.