

Internal Medicine Coding Alert

CCI 13.1 Brings Bundles to Burn and Debridement Codes

Latest edits also outlaw injection/IV push coding combo

The latest version of the Correct Coding Initiative (CCI), 13.1, has some edits internal medicine coders won't want to miss -- especially when the internist performs debridement and treatment on the same burn site.

"Most of these edits seem to be trying to capture redundant codes and reduce redundant coding," says **Kent J. Moore**, manager of Health Care Financing and Delivery Systems for the American Academy of Family Physicians in Leawood, Kan.

For starters, coders should have started observing the following edit on April 1, when CCI 13.1 took effect: 83036 (Hemoglobin; glycosylated [A1C]) is bundled into 83037 (... glycosylated [A1C] by device cleared by FDA for home use).

When your physician performs both of these procedures during the same session, report only 83037. This edit has a "0" modifier indicator, meaning you can never report the codes separately for the same encounter, even when you use a modifier.

13.1 Includes Burn and Debridement Bundles

Moore says CCI 13.1 outlaws reporting a pair of debridement codes with certain burn treatment codes in most situations.

CCI reports that the following codes are bundled into 16020 (Dressings and/or debridement of partial-thickness burns, initial or subsequent; small [less than 5 percent total body surface area]), 16025 (... medium [e.g., whole face or whole extremity, or 5 percent to 10 percent total body surface area]) and 16030 (... large [e.g., more than 1 extremity, or greater than 10 percent total body surface area]):

- 11000 -- Debridement of extensive eczematous or infected skin; up to 10 percent of body surface area
- 11040 -- Debridement; skin, partial thickness.

Explanation: "The burn code descriptions include debridement, so you should not report both codes" when treatment occurs on the same wound, Moore says.

For example, a patient has a small partial-thickness burn on his arm. The physician performs debridement on the burn before treating it.

In this instance, the debridement is bundled into the burn treatment, and you should report 16020 for the encounter. All of these burn/debridement edits contain a modifier indicator of "1." The "1" means you can report both of these codes for the same encounter in certain situations -- and with modifier 59 (Distinct procedural service) attached to the component (bundled) code.

Consider this scenario from **Bruce Rappoport, MD, CPC**, a board-certified internist who works with physicians on compliance, documentation, coding and quality issues for Rachlin, Cohen and Holtz LLP, a Fort Lauderdale, Fla.-based accounting firm with healthcare expertise. In the following scenario, you could rightfully unbundle these edits and report a debridement and burn treatment code:

A 25-year-old male reports to the internist with grease burns he suffered while cooking at home. The left arm has a small

second-degree burn, which the physician debrides and then treats. The patient also requests that the internist look at a laceration on his right leg that he has been treating himself at home without improvement.

The right leg has several large areas of infected necrotic skin from the laceration. The physician debrides the infected skin on the right leg and places the patient on oral antibiotics.

In this scenario, you can report the debridement and the burn treatment because the procedures occurred on different body areas.

On the claim, you should report the following:

- 16020 for treating the left arm burn.
- 11000 for debriding the infected skin on the right leg.
- modifier 59 attached to 11000 to show that the burn treatment and debridement were separate services.

For Push/Injection Combo, Only Report Push

You should also note a CCI edit you'll need when the physician performs an intravenous push and an injection during the same session. CCI 13.1 announces that 90772 (Therapeutic, prophylactic or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular) is bundled into 90774 (... intravenous push, single or initial substance/drug).

Explanation: During these encounters "the insurer will pay for the push but not the injection," Moore says. This edit has a modifier indicator of "1."

CCI Tightens Up Vaccination Code Group

There are also several new bundles in the vaccine code family, Moore says. Code 90714 (Tetanus and diphtheria toxoids [Td] adsorbed, preservative free, when administered to 7 years or older, for intramuscular use) is bundled into 90698 (Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated [DTaP-Hib-IPV], for intramuscular use) with a modifier indicator of "1."

Here are the other vaccine edits of note.

The following codes are bundled into 90714:

- 90700 -- Diphtheria, tetanus toxoids, and acellular pertussis vaccine ...
- 90701 -- Diphtheria, tetanus toxoids, and whole cell pertussis vaccine ...
- 90702 -- Diphtheria and tetanus toxoids adsorbed ...
- 90703 -- Tetanus toxoid adsorbed ...
- 90718 -- Tetanus and diphtheria toxoids (Td) adsorbed ...
- 90719 -- Diphtheria toxoid ...

All of these edits contain a "1" modifier indicator with the exception of 90703 and 90718, which have modifier indicators of "0."

The following codes are bundled into code 90715 (Tetanus, diphtheria toxoids and acellular pertussis vaccine [Tdap], when administered to 7 years or older, for intramuscular use):

- 90698
- 90700
- 90701
- 90702
- 90703
- 90714
- 90718
- 90719.

All of these edits contain a "1" modifier indicator.

The following codes are bundled into 90720 (Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine [DTP-Hib], for intramuscular use) and 90721 (Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine [DTaP-Hib], for intramuscular use):

- 90714
- 90715

All of these edits contain a "1" modifier indicator.