

Internal Medicine Coding Alert

CCI 17.1: Newest CCI Edits Teach You to Take Note of Involved Joints Before Coding Arthrotomy

Tip: Exploration and drainage codes override some biopsy or synovectomy codes. The latest edits from the National Correct Coding Initiative (CCI) went into effect April 1, and contain some arthrotomy pairings that FP offices should check out. The affected arthrotomy codes include: 26075 --" Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each 26080 --" Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each 28022 --" Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint 28024 --" Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint. CCI 17.1 considers the arthrotomy procedures part of non-mutually exclusive edits, meaning a physician might carry out the procedures during the same care session, but the procedures aren't billable together. One of the codes (the component code) is included in the services represented by the other (comprehensive) code of the pairing. If the physician carries out the entire comprehensive procedure, you should only bill the comprehensive code in place of the individual parts or components. In the latest edits, arthrotomy is the comprehensive procedure when paired with particular codes during the same patient encounter. CCI 17.1 designates almost 60 percent of newly effective pairs --" including these for arthrotomy --" with the policy of "Standards of Medical/Surgical Practice," according to an analysis by **Frank Cohen, MPA, MBB**, senior analyst for The Frank Cohen Group in Clearwater, Fla. **Watch Joint When Deciding Arthrotomy Code** If your physician completes arthrotomy on multiple finger or wrist joints, double check the joints he treats before choosing your code. Pay particular attention to these procedures: 26100 --" Arthrotomy with biopsy; carpometacarpal joint, each 26130 --" Synovectomy, carpometacarpal joint 28050 --" Arthrotomy with biopsy; intertarsal or tarsometatarsal joint. Under CCI 17.1 edits, arthrotomy codes 26075 and 26080 for metacarpophalangeal or carpometacarpal joints override the three codes listed above. That means you'll only report 26075 or 26080 if your physician performs any of these three procedures during the same encounter. **Don't Trip Over Foot Code Pairings** The same mindset applies to some foot procedures. CCI 17.1 lists arthrotomy codes 28022 and 28024 as the comprehensive code when paired with: 27860 --" Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus) 28086 --" Synovectomy, tendon sheath, foot; flexor 28220 --" Tenolysis, flexor, foot; single tendon 28222 --" Tenolysis, flexor, foot; multiple tendons 28225 --" Tenolysis, extensor, foot; single tendon 28226 --" Tenolysis, extensor, foot; multiple tendons. **Good news:** Each of these edit pairs carry a modifier indicator of "1," meaning you can sometimes bypass the edit by filing your claim with an appropriate modifier. Be sure you have enough supporting documentation to justify payment for both codes before filing with a modifier such as 59 (Distinct procedural service).