

Internal Medicine Coding Alert

CCI 20.0: Learn CCI 20.0 Edits Before Reporting TCM or Influenza Vaccine Codes

CCI also concentrates on newly introduced interprofessional consultation codes.

While CPT® 2014 saw the introduction of new codes for influenza vaccines, and inter-professional consultation, Correct Coding Initiative (CCI) edits 20.0 brought in edits that will govern reporting of these codes with other procedural codes.

"As is customary for the first update of a given year, there are a lot of new edit pairs: 61,120 to be exact," says **Frank Cohen, MPA, MBB**, principal and senior analyst for The Frank Cohen Group in Clearwater, Fla. "Factor in the number of terminations (13,107) and we see a net gain this coming quarter of 48,013 new edit pairs."

Watch for ME Pairings With 90673

More than 15 mutually exclusive edits under CCI 20.0 involve pairs of vaccine codes. A closer look shows that many of the edits involve pairs of influenza vaccine codes and do not permit a modifier to override the edit. This is because it would not be clinically appropriate to administer two different influenza vaccines to the same patient on the same date.

If you inadvertently report two influenza vaccines for the same patient on the same date, which one will be paid will depend on the pair that you report. For example, new code 90673 (Influenza virus vaccine, trivalent, derived from recombinant DNA [RIV3], hemagglutinin [HA] protein only, preservative and antibiotic free, for intramuscular use) will be paid instead of other influenza vaccine codes 90653 □ 90662, if reported with any of them.

Caveat: Some of the same influenza vaccine codes that are a Column 2 code in one edit may be a Column 1 code in other situations. For instance, while 90673 is a Column 1 code for some other influenza vaccine codes, it is a Column 2 code for other influenza vaccines.

The codes for which 90673 forms a Column 1 code includes the following:

- 90653 (Influenza vaccine, inactivated, subunit, adjuvanted, for intramuscular use)
- 90655 (Influenza virus vaccine, trivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use)
- 90657 (Influenza virus vaccine, trivalent, split virus, when administered to children 6-35 months of age, for intramuscular use)
- 90658 (Influenza virus vaccine, trivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use)
- 90660 (Influenza virus vaccine, trivalent, live, for intranasal use)
- 90661 (Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use)
- 90662 (Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use)
- Q2034 (Influenza virus vaccine, split virus, for intramuscular use [Agriflu])

The codes for which 90673 forms a Column 2 code includes:

- 90654 (Influenza virus vaccine, split virus, preservative-free, for intradermal use)
- 90656 (Influenza virus vaccine, trivalent, split virus, preservative free, when administered to individuals 3 years

- and older, for intramuscular use)
- 90672 (Influenza virus vaccine, quadrivalent, live, for intranasal use)
 - 90685 (Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use)
 - 90686 (Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use)
 - 90687 (Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use)
 - 90688 (Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use)

(Note that several of these codes are pending FDA approval).

Don't Report Interprofessional Consultation Codes With Procedural Codes

While 2014 saw the introduction of four time based codes (99446-99449) to report the work of two medical professionals who discuss a patient's condition via phone or internet, CCI 20.0 brought in several edits that do not allow you to report these codes with procedural codes. While speculation was rife about whether or not these codes would be separately payable from other services provided to a patient on the same date, the edit pairings have laid to rest these thoughts and made it clear that the answer is "No," in most cases. "With relatively few exceptions, the modifier indicator associated with these edit pairs is '0,' so you will not be able to override the edit with a modifier," observes **Kent Moore**, Senior Strategist for Physician Payment at the American Academy of Family Physicians. "Since the inter-professional consultation code is the Column 2 code in each case, it will be the code that is denied in favor of the procedural code reported on the same date," adds Moore.

So, if you are planning on reporting these codes separately with any other procedural codes, you'll have to check CCI edits to see if these codes are paired.

Reminder: CCI 20.0 also pairs these codes as Column 2 codes with E/M service codes. So, you cannot report these codes if you are reporting any other E/M service code for the same session also. Note that these pairings also carry the modifier indicator '0' which means that you cannot undo these edits by using any modifiers.

Example: Your internal medicine physician sees a 53-year-old male new patient for complaints of uncontrolled diabetes mellitus. The patient was being seen by another physician in another state. But the other physician was unable to manage and monitor the patient as the patient transferred out of that state. Your internist sees the patient, reviews previous records and test results, and records a complete history of the patient. He also performs an examination of the patient and orders some blood tests, which are done while the patient is in the office.

After receiving the results of the tests, your internist discusses the patient's condition and treatment/management options that were performed by the previous physician by making a call to that physician on the same day.

Your physician discusses the management options that were followed by the previous physician and provides information about the present blood sugar levels; he also discusses further treatment options with the previous physician. Your physician spends a total of 15 minutes over the phone discussing the patient with the other physician.

Since you report the evaluation of the patient with a new patient E/M code for the session, you will not be able to report the time spent by physician on the same date in discussion with the other physician about the patient's condition with 99447 (Inter-professional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review) as CCI 20.0 bundles the E/M code and 99447 with the modifier indicator '0.'

Omit TCM Billing With Other Procedural Codes

As of Jan. 1, 2014, CCI bundles transitional care management (TCM) codes (99495-99496, Transitional Care Management Services with the following required elements: Communication [direct contact, telephone, electronic] with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit ...) into many procedural codes, including some that you will use in day-to-day internal medicine coding.

If you plan to report a surgical or medical procedure and a TCM code on the same date of service, you may face denial of the TCM code. A few of the TCM code edits have a modifier indicator of '1.' However, most have a modifier of '0.'

A "0" indicator means that you cannot unbundle the two codes under any circumstances. An indicator of "1," however, means that you may use a modifier to override the edit if the clinical circumstances warrant separate payment. "If you plan to report TCM and a procedural service on the same date of service, you would be well advised to check the CCI to see if an edit applies," notes Moore. "If so, you also need to check whether or not a modifier is allowed with that particular edit," adds Moore.