

Internal Medicine Coding Alert

CCI Edits: Latest CCI Edits 18.0: Understand New Bundled Codes

Plus: 94150 'separate procedure' doesn't always mean separate coding.

New codes aren't the only things that affect your coding in 2012 -- you also need to cull through the latest Correct Coding Initiative (CCI) edits to ensure you correctly report multiple procedures. CCI 18.0 goes into effect Jan. 1, 2012, with substantial changes to how you should code familiar injection or incision/drainage procedures.

Report Injection Over Compression, Aspiration

CCI 18.0 includes 15,530 new edit pairs, according to an analysis by **Frank Cohen**, principal and senior analyst for The Frank Cohen Group, LLC, in Clearwater, FL.

If your physician administers trigger point, joint, or tendon injections, don't miss the CCI edits involving those procedures:

- Trigger point injection codes 20552 and 20553 are the Column 1 codes with new codes 29582 (Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed) and 29584 (... upper arm, forearm, hand, and fingers).
- Joint injection codes 20600, 20605, and 20610 are the Column 1 codes with new procedures 20527 (Injection, enzyme [e.g., collagenase], palmar fascial cord [i.e., Dupuytren's contracture]), 29582, 29583 (Application of multi-layer compression system; upper arm and forearm), and 29584.
- Tendon injection procedures 20526 and 20527 are designated as the Column 1 code for more than 130 edit pairs. The coupled procedures range from abscess aspirations and therapeutic injections to cast applications, venipuncture, and anesthetic injections, to name a few. Sift through the edits to see which ones might apply to your providers.

Reminder: When CCI edits pair two codes together, you'll typically report the Column 1 code instead of the Column 2 code. The Column 1 code either represents a procedure that includes the services of the Column 2 code, or represents a procedure that "outweighs" the Column 2 code and should be reported alone.

I&D or Debridement Override Compression

A number of other edits also apply to new code 29582 (Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed). The compression system application is part of the service represented by incision/drainage or debridement codes such as:

- 10060 -- Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
- 10061 -- ... complicated or multiple
- 10140 -- Incision and drainage of hematoma, seroma or fluid collection
- 10160 -- Puncture aspiration of abscess, hematoma, bulla, or cyst
- 11000 -- Debridement of extensive eczematous or infected skin; up to 10% of body surface.

The edits keep your coding consistent with CPT® guidelines. Each edit pair carries a modifier indicator of "1," however, which means you might sometimes be able to bypass the edit with a modifier and be paid for both services (such as modifier 59, Distinct procedural service). Be sure you have good documentation supporting the use of both codes before attempting to be paid.

Also: A fair number of edits apply to closed fracture treatment without manipulation, with the fracture care code

overriding new procedure codes 29583 and 29584.

Example: Your physician performs closed treatment of a radial shaft fracture (without manipulation) and applies a multi-layer compression system to the patient's forearm. You'll report 25500 (Closed treatment of radial shaft fracture; without manipulation), but won't also submit 29583 (Application of multi-layer compression system; upper arm and forearm).

Don't Assume 94150 Can Always Be Separate

CPT® code 94150 (Vital capacity, total [separate procedure]) might appear to always be separately reportable because of its descriptor, but don't automatically include it with any other service.

Here's why: CCI 18.0 establishes 94150 and new code 94728 (Airway resistance by impulse oscillometry) as components of two common breathing tests:

- 94010 -- Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
- 94060 -- Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration.

Modifier check: As with many other edits affecting internal medicine physicians, the edit pairs of 94010/94150 and 94060/94150 carry a modifier indicator of "1." If you have sufficient documentation, you might be able to report both procedures with modifier 59. By contrast, the pairs involving 94728 carry a modifier indicator of "0" -- which means you shouldn't report the procedures together under any circumstances, says **Kent J. Moore**, manager of healthcare delivery and financing systems for the American Academy of Family Physicians (AAFP) in Leawood, Kan.

CCI 18.0 is effective Jan. 1, 2012. Visit the CMS website for a complete look at edit changes.