

Internal Medicine Coding Alert

CCI Edits Update: Update Yourself on Latest Edits to Keep Your Coding on Track

Tip: Suture repairs and pain injections require special attention.

The latest Correct Coding Initiative (CCI) edits went into effect Oct. 1, 2012, with sweeping changes that involved more than 233,000 new edit pairs.

Positive side: Not many of the thousands of changes will directly impact your internal medicine coding. Read on to learn which new code pairs will matter most to your physicians.

Ignore Suture Repair With Integumentary Procedures

CCI 18.3 includes suture repair of skin incisions, punctures, or lacerations (including codes 12001 to 13153) with most codes for integumentary system (skin) procedures. For example, repair codes are now included in the following:

- 10060 (Incision and drainage of abscess [e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia]; simple or single) and 10061 (... complicated or multiple)
- 10120 (Incision and removal of foreign body, subcutaneous tissues; simple) and 10121 (... complicated)
- 10180 to 19396 (many other integumentary procedure codes).

All of these bundles have a modifier indicator of "1," meaning you can bypass the edits in certain clinical circumstances and with supporting documentation. You'll be able to report both codes using a modifier such as 59 (Distinct procedural service).

Opt for Injection Procedures Over Skin Repairs

The new edits include hundreds of pairs involving pain management injections in conjunction with skin repair. In most cases you should automatically submit only the injection code, not the repair. CCI version 18.3 lists the following injection procedures as the Column 1 codes of edit pairs:

- Neurolytic injection procedures (62280-62282)
- Injection procedures for discography (62290 and 62291)
- Neurolytic agent destruction of the trigeminal nerve (64600, 64605, and 64610)
- Chemodenervation (64611-64632)
- Neurolytic destruction of paravertebral facet joint nerves (64633 and 64635)
- Other neurolytic destruction and chemodenervation procedures (64640, 64650, 64653, 64680, and 64681).

Each edit pertaining to these injections applies to virtually every simple, intermediate, and complex repair code (12001-13153). However, the edits do not include a few codes from both coding groups (injections and repairs). Although these procedures are rarely performed by internal medicine physicians, you should still be aware of the exceptions.

Exception 1: The Column 1 codes do not list 64634 (Destruction by neurolytic agent, paravertebral facet joint nerve[s] with imaging guidance [fluoroscopy or CT]; cervical or thoracic, each additional facet joint [list separately in addition to code for primary procedure]) with the other paravertebral facet joint destruction procedures. You can still report 64634 in conjunction with skin repair procedures when applicable.

Exception 2: None of the edits pertain to 13160 (Secondary closure of surgical wound or dehiscence, extensive or complicated). If the physician administers any of the injections listed above while performing 13160, report both codes

on the claim.

Bottom line: "Over 97 percent of the changes were surgical procedures (codes 10000 through 69999), and almost all fell within the policy statement of 'Misuse of Column 2 code with Column 1 code,'" said **Frank Cohen, MPA, MBB**, principal and senior analyst for The Frank Cohen Group in Clearwater, Fla. "In addition to the overwhelming volume of reasons that payers use to deny payment to a practice, you can add 1 million more, which is just about the size of the new NCCI database."

"Adding insult to injury, there were 474 edit pairs where the modifier indicator was changed from '1' (you may be able to bypass the policy using a modifier) to '0' (modifiers are not permitted under any circumstance)," Cohen adds. View the full file by visiting the CMS website and connecting to the CCI page.