

## Internal Medicine Coding Alert

### NCCI 10.0 Bundles Meningococcal Vaccines

#### Learn how new bundles affect reimbursement

Have you been billing the meningococcal polysaccharide and meningococcal conjugate vaccines on the same day? Well, not anymore, now that the National Correct Coding Initiative edits, version 10.0, which took effect on Jan. 1, bundles those vaccine codes.

NCCI bundles 90733 (Meningococcal polysaccharide vaccine [any group(s)], for subcutaneous use) and 90734 (Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 [tetravalent], for intramuscular use) and gives the pair a "0" indicator, which means you can't bypass the edit. But most internal medicine coders wouldn't report the two codes on the same day, so the bundle shouldn't affect your practice, coding experts say.

Starting Jan. 1, you should no longer report critical care codes (99291-99292) with subsequent intensive care codes (99298-99299) and pediatric critical care codes (99293-99294). CMS does not allow you to bypass the edit with modifier -59 (Distinct procedural service).

"I don't see that anyone would ever even consider billing 99291 and 99298 on the same day," so the bundles should not create hassles for coders, nor should it affect reimbursement, says **Susan Callaway, CPC, CCS-P**, an independent coding auditor and trainer in North Augusta, S.C.

Because of a bundling deletion, you can now report the pneumococcal vaccine code (90732) in addition to therapeutic injection code 90782, and you can submit the hepatitis B vaccine code (90748) along with 90782. NCCI may have deleted this edit because hospitals use these codes more than physician offices, Callaway says.

But check the physician documentation before you report any of these coding combinations, because most internists bill for 90471 (Immunization administration [includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections]; one vaccine [single or combination vaccine/toxoid]) instead of 90782.