

Internal Medicine Coding Alert

NCCI 101: Navigate the Edits Lingo

Tired of bungling bundles and misinterpreting mutually exclusives? Brush up on your National Correct Coding Initiative (NCCI) terminology and avoid mistakes that could otherwise put you in the NCCI doghouse.

Mutually exclusive codes. According to NCCI, mutually exclusive codes are those you should not bill together due to conflicting CPT definitions or "the medical impossibility/improbability that the procedures could be performed at the same session."

Although these codes technically are not bundled, you should not typically report them on a single claim. When you report codes that NCCI identifies as mutually exclusive for a single treatment session, the carrier will usually recognize and reimburse only the lesser-valued procedure.

For example, if an internist performs services for outpatient cardiac rehabilitation with continuous ECG monitoring (93798), you would not also code for 93025 (Microvolt T-wave alternans for assessment of ventricular arrhythmias) or 93017 or 93018, for that matter during that session, which means she would not also be reimbursed for each service

Bundled codes. A bundle describes a pair of codes, one of which represents the comprehensive code and the other the component code. NCCI considers the service represented in the component code included in and not separately billable from the service represented by the comprehensive code. NCCI outlines the rationale for bundling component codes into comprehensive codes:

The included (or bundled) service represents the standard of care in performing the overall service (the comprehensive code).

The included service is necessary to successfully accomplish the comprehensive procedure; failure to perform the component procedure may compromise the success of the procedure.

The component code does not represent a separately identifiable procedure unrelated to the service represented by the comprehensive code.

For example, if your internist is providing self-management training to a diabetic patient in her office (G0108, Diabetes outpatient self-management training services, individual, per 30 minutes), you should not separately code the professional service G0270 (Medical nutrition therapy, reassessment and subsequent intervention[s] following second referral in same year for change in diagnosis, medical condition or treatment regimen [including additional hours needed for renal disease], individual, face to face with the patient, each 15 minutes). NCCI, in this case, considers G0270 a component of the comprehensive code, G0108, so it is not separately chargeable.