

## Internal Medicine Coding Alert

### NCCI 11.2 Update: Good News: You Can Now Report G0354 With G0345-G0361

#### CMS also trims the 11719-11721 bundles

The next time your internist bills Medicare for additional sequential IV pushes along with a therapeutic infusion, you can code both infusions without worrying about modifiers - or denials.

**Reason:** The National Correct Coding Initiative, version 11.2, which took effect July 1, deleted five edits regarding drug administration code G0354 (Each additional sequential intravenous push). The deletions are retroactive to April 1, when NCCI 11.1 introduced the bundles. You can now report G0354 on the same day as the following:

1. G0345 - Intravenous infusion, hydration; initial, up to one hour
2. G0347 - Intravenous infusion, for therapy/diagnostic; initial, up to one hour
3. G0357 - Intravenous, push technique, single or initial substance/drug
4. G0359 - Chemotherapy administration, intravenous infusion technique; up to one hour, single or initial substance/drug
5. G0361 - Initiation of prolonged chemotherapy infusion (more than eight hours), requiring use of a portable or implantable pump.

NCCI deleted the edits because when a physician or nurse administers one drug through infusion or push, he may need to provide additional therapeutic drugs through a sequential IV push, says **Cindy Parman, CPC, CPC-H, RCC**, co-owner of Coding Strategies Inc. in Powder Springs, Ga., and president of the AAPC National Advisory Board. In such cases, you should be able to report the sequential administration with G0354, she says.

**Important:** Because the edits no longer apply to the codes, you no longer need modifier 59 (Distinct procedural service) if you report G0354 with G0345-G0347, according to CMS.

#### Cut Down on Your Debridement Denials

NCCI 11.2 has also nixed the long-time edit that bundled nail trimming and debridement codes 11719-11721 and G0127 with new-patient E/M codes 99201-99202. Therefore you can report the nail procedure in addition to an E/M visit on the same day, if the documentation supports the charge.

CMS probably deleted the bundle because physicians have to examine the nail and the patient before they perform a debridement or trim, says **Donna Beaulieu, CPC, CCP**, a compliance officer for Quality Physician Services in Stockbridge, Ga.

Typically, when CMS bundles an E/M and procedural code, the latter carries relative value units that include pre- and postprocedure workup, she adds.

**How it works:** Your internist sees a new patient about his diabetes (250.xx) and arthritis (716.x, Other and unspecified arthropathies). During the exam, the physician checks the patient's feet for nail problems and determines that she should remove nails from two of the patient's toes. Assuming the documentation is adequate in this case, you could

report [CPT 11720](#) (Debridement of nail[s] by any method[s]; one to five) for the debridement and 99202 (Office or other outpatient visit ... new patient ...) for the exam.

In other news, NCCI bundled injection code G0351 (Therapeutic or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular) into 4,531 codes, and made intravenous push codes G0353-G0354 components of 4,833 codes.

But don't let the numbers stagger you: The edits should affect few IM offices, coding experts say.