

## Internal Medicine Coding Alert

### NCCI News: Expect Denials if You Report Nursing Facility Codes Together

#### No modifier can separate the new edits bundling codes in the 99304 series

The new edition of NCCI is in effect as of Oct. 1, and you'll have to rein in your nursing facility care coding if you want to stay on the right side of the rules.

Most internal medicine coders are familiar with Medicare's E/M guidelines, which state that practices can generally only report one E/M code per date of service. But some coders aren't aware of the fact that Medicare follows the same rules for nursing facility care codes.

You won't make that mistake anymore, now that version 12.3 of the National Correct Coding Initiative (NCCI) restricts you from billing these codes together. The new bundles affect the following codes:

- 99304-99306 -- Initial nursing facility care, per day, for the evaluation and management of a patient
- 99307-99310 -- Subsequent nursing facility care, per day, for the evaluation and management of a patient
- 99315-99316 -- Nursing facility discharge day management.

All of the codes from this range will become mutually exclusive with most of the other codes from the Nursing Facility Services section, which was overhauled in 2006.

Previously, the nursing facility E/M codes were components of each other but were not mutually exclusive, so you could use a modifier to override those edits. But these new edits have a "0" in the modifier column, meaning you can't append a modifier to sidestep them.

Fortunately, most internal medicine coders don't feel that this should affect their payment too drastically, since they figured these codes shouldn't have been billed together in the first place.

These bundles make sense, says **Christine DuBois, CPC**, coding coordinator, compliance officer and HIPAA privacy officer at Western Mass Physicians Associates in Chicopee, Mass. "The initial evaluation codes 99304-99306 are 'per day' codes, as are the subsequent codes 99307-99310," she says. "I equate it to a hospital inpatient admit or observation admit -- they are 'per day' codes. I bill for nursing home visits, and I've never come across a situation where the provider chose both initial and subsequent visits on the same day.

"I think if NCCI had previously allowed these to be 'unbundled,' it was an oversight on their part," DuBois says.