

Part B Insider (Multispecialty) Coding Alert

ANESTHESIA:NCCI Bundles 64425 Into Most Hernia Repair Codes

Once again, the National Correct Coding Initiative has bundled an [anesthesia code](#) into a number of surgical codes. As of Oct. 1, you can no longer bill 64425* (Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves) with hernioplasty, herniorrhaphy and herniotomy codes 49491-49501, 49507-49525 and 49550-49557.

Some other important edits in version 9.3 of the NCCI include:

1. [CPT code 77336](#) (Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy) has become a component of radiology codes 77261-77295, 77305-77328 and 77332-77334. You can use a modifier to override these edits.
2. Nephrectomy codes 50220-50240 became components of renal transplantation codes 50300-50370. You can't use a modifier to override these edits.
3. Cytopathology smear codes 88160-88162 became components of 88180 (Flow cytometry; each cell surface, cytoplasmic or nuclear market), plus surgical pathology codes 88304-88309. You can use a modifier to override these edits.
4. Cystourethroscopy code 52005 will be a component of 52204 (Cystourethroscopy, with biopsy) as well as 52224 (Cystourethroscopy, with fulguration) and cystourethroscopy codes 52281 and 52285. It also becomes a component of 52318 (Litholapaxy; complicated or large).
5. Genital echography codes 76872-76873 will become components of 53850-53853, for transurethral destruction of prostate tissue. Recently, several carriers had added prostatic ICD-9 codes 600.0-600.9 to the list of acceptable diagnoses for 76872. This seemed to indicate that the carriers accepted that it would be necessary to measure prostate size and prostatic urethral length using a transrectal ultrasound (TRUS), for which you could bill 76872, before performing transurethral microwave therapy (TUMT) and billing 53853. But these new edits make it harder to bill for the two procedures together, because you'll need a modifier from now on.
6. CPT code 47500 (Injection procedure for percutaneous trans-hepatic cholangiography) became mutually exclusive with 47510 (Introduction of percutaneous transhepatic catheter for biliary drainage). You can use a modifier to override this edit.
7. Also, 71020 (Radiologic examination, chest, two views, frontal and lateral) became mutually exclusive with 71015 (Radiologic examination, chest; stereo, frontal).