

Part B Insider (Multispecialty) Coding Alert

CCI 13.0: More New Edits You'll Have To Master

Digestive system surgery, female genital system among top targets

Crunch time: Start learning these new Correct Coding Initiative edits now, because they take effect January 1:

Digestive system surgery:

- **New gastric neurostimulator electrode implantation/replacement codes 43647-43648** (23 Component codes) and **43881-43882** (36 Component codes). Several other gastric surgery codes become components of these codes, but you can override these with a modifier. A number of intestinal, abdominal and peritoneal surgery codes also become components of 43881-43882.

- **New total colectomy codes 44157-44158** (66 Component codes). Don't add colectomy codes 44140-44147 to these new codes without a modifier. Likewise, enterolysis code 44180, colectomy codes 44204-44212, enterostomy codes 44300-44316 and 44322-44346, mesentery surgery codes 44820-44850 and appendectomy code 44950 would need a modifier alongside the new total colectomy codes. Some abdominal and peritoneal surgery codes are also included.

- **New code 47719 for anastomosis of choledochal cyst** (28 Component codes). If you can justify a modifier, then go ahead and bill naso/oro gastric tube placement code 43752, enterolysis code 44180, laparotomy reopening code 49002 with this code. But no modifier can ever help you bill enterolysis code 44005, mesentery surgery codes 44820-44850, appendectomy code 44950, laparotomy codes 49000-49010, omentectomy code 49255 or hernia repair code 49570 with 47719.

- **New pancreas surgery codes 48105** (35 Component codes) and **48548** (29 Component codes). Also, you can't bill 44005, 44300, 44820-44850, 44950, 49000-49010, 49255 or 49570 with 48105 or 48548, even with a modifier. But you can bill pancreas surgery codes 48000, 48020-48100 and 48545 with 48105 with a modifier.

- **New surgical laparoscopy codes 49324-49325** (28 Component codes). Gastrostomy code 43653, naso/oro gastric tube placement code 43752, enterolysis code 44180, abdominal laparoscopy code 49320, peritoneal cavity injection code 49400, delayed exit-site creation code 49436 and ureterolysis code 50715 all would need a modifier with these codes.

- **New peritoneal surgery codes 49402** (38 Component codes) and 49436 (18 Component codes). Once again, 43752 is bundled with these codes, and so is shunt removal code 49429 and every hernia repair code from 49560-49587 except one add-on code. And once again, you can't bill 44005, 44180, 44820-44850, 44950, 49000-49010 or 49255 with these codes, even with a modifier.

Female genital system surgery:

- **New hymenotomy code 56442** (29 Component codes) and vaginal graft revision code **57296** (44 Component codes). Vulva/perineum excision code 56605 and colposcopy code 56820, pelvic examination code 57410 and endometrial biopsy code 58100 are components of 56442, and no modifier can override those edits. Components of 57296 include perineoplasty code 56810, and several vaginal and cervical surgery codes, plus 44005, 44180, 44820-44850, 44950, 49000-49010, 49255 and 51701-51703, but you can use a modifier with those codes.

- **New cervical stump dilation/curettage code 57558** (33 Component codes). You can't bill 51701-51702 with this code, even with a modifier. Nor can a modifier help you bill pelvic exam codes 57410 and 57420, colposcopy code

57452, biopsy code 57500, cervixectomy code 57530, cervical dilation code 57800 or endometrial biopsy code 58100 with 57558.

- **New hysterectomy codes 58541-58544 and 58548** (34-54 Component codes, 26-37 Comprehensive codes). You'll need a modifier to bill 50715, 51701-51702, 58100, myomectomy codes 58140-58146 and 58545-58546, hysteroscopy codes 58558 and 58560-58561, and ovarian laparoscopy codes 58670-58673 with 58541-58544.

- **New uterine/ovarian tumor resection codes 58957-58958** (40 Component codes). You can't bill 58541-58544 with these codes, unless you use a modifier. Ovary excision codes 58900-58951, 58956 and 58960 also become components of these codes, and so do 44005, 44950, 49000, 49200-49201, 49215 and 49255.

Others:

- **New abdominoplasty code 15830** (30 new Component codes, 31 Comprehensive codes). Again, some wound repair codes are bundled into this code, and so are some adjacent tissue transfer codes.

- **New mastectomy codes 19300-19307** (32-40 new Component codes, 1-11 Comprehensive codes). These codes now include breast biopsy codes 19100-19103 and 19110-19125, and preoperative breast needle placement code 19290, but you can include those codes with a modifier.

- **New prostate surgery codes 55875-55876** (19-26 Component codes). Also, no modifier can help you bill bladder catheterization codes 51701-51703 or cystourethroscopy codes 52000 and 52250 with 55875, but these edits don't apply to 55876.