

## Part B Insider (Multispecialty) Coding Alert

### CCI 13.1: Start Resubmitting Denied Cystourethroscopy, Craniotomy Claims

**You can't use a modifier to override dozens of edits anymore**

**Heads up:** The Correct Coding Initiative (CCI) has unveiled its latest set of edits. Version 13.1 takes effect April 1, and it includes 1,692 new edits.

CCI version 13.1 also:

- **Deletes 299 edit pairs**, and 212 of those deletions were retroactive to the start of the year, according to **Frank Cohen** with **MIT Solutions Inc.** in Clearwater, FL. That means if you received denials for any of these code pairs since Jan. 1, you can resubmit those claims and get paid.

You can resubmit any denied claims for cystourethroscopy code 52332 along with a dozen other cystourethroscopy codes. Also, CCI 13.1 deletes edits bundling six craniectomy/craniotomy codes with stereotactic body radiation-therapy code 77373. It also deletes edits bundling a few dozen nervous-system surgery codes with stereotactic body radiation-therapy codes 77371-77373.

Finally, 64 pathology and lab testing codes will no longer be bundled with tissue-culture code 87253, and seven of those also will be unbundled from centrifuge-enhanced virus isolation code 87254.

- **Changes modifier indicators for another 132 edit pairs** from -1- to -0,- meaning you can no longer override those edits with a modifier. These include edits bundling: laparoscopic enterolysis code 44180 with some surgical codes; surgical anorectal exam code 45990 with a host of digestive-system surgery codes; pelvic exam code 57410 with several female genital system surgery codes; and nursing facility/rest-home visit codes 99307-99310, 99324-99328 and 99334-99337 with observation codes.

In the past, if you had a good reason to bill these code pairs, you could use a modifier to explain why the services were separately identifiable and necessary. But now, Medicare has decided that you can never justify billing them together.