

## Part B Insider (Multispecialty) Coding Alert

### CCI 13.2: Watch Your Laparoscopy Coding On The Same Day As Surgery

#### No modifier will save you from new digestive surgery edits

The latest version of the Correct Coding Initiative (CCI) goes straight for the gut.

Most of the new edits in CCI version 13.2, which takes effect in July, attack digestive system surgery codes, especially laparoscopic surgeries. Laparoscopic endoscopies become components of many surgery codes. And you can't override any of these new digestive-system edits by attaching a modifier to your claims.

Laparoscopic gastrostomy code 43653 becomes a component of 50 different codes. The Column 1 codes include a number of other laparoscopic surgeries, including digestive system surgeries, such as colectomy codes, urinary system surgeries, and male and female genital system surgeries. Also bundled into 43653 is laparoscopic adrenalectomy code 60650.

Diagnostic anoscopy codes 46604-46615 become components of a few dozen codes each. The exact Column 1 codes differ slightly for each of these codes. But the comprehensive codes generally include all of the codes in the endoscopy section of digestive surgery (45300-45392). Also, diagnostic anoscopy code 46600 becomes a component of colonoscopy codes 45391-45392.

And enterolysis code 44005 becomes a component of a staggering 85 codes from the digestive, urinary and genital surgery sections. Component codes include laparoscopic fundoplasty code 43280; bariatric surgery codes 43644-43653, 43770-43774 and 43886-43888; digestive laparoscopy codes 44186-44188, 44204-44212 and 44227; laparoscopic proctectomy and proctopexy codes 45395-45402; cholangiogra-phy/cholecystectomy codes 47560-47570; abdominal laparoscopy codes 49320-49325; renal laparoscopy codes 50541-50548; and hysteroscopy codes 58541-58554.

#### In other CCI edits:

- Debridement codes 11040-11044, soft-tissue incision codes 20000-20005 and hip manipulation code 27275 all become components of arthrotomy code 27030, but you can override these edits with a modifier.

- Cranioplasty codes 62140-62141 become components of almost every code from the craniotomy/craniectomy section (61304-61571). Only a few of these edits will succumb to a modifier. So if a patient has skull defects that your physician needs to repair during a craniectomy, your physician will likely be doing that extra work for free.

- CPT code 73530 (Radiologic examination, hip, during operative procedure) becomes a component of every single code from the -Pelvis and Hip Joint- section of the musculoskeletal surgery chapter (26990-27295). You can't use a modifier to override these edits. In other words, if your physician uses any kind of radiologic scan on the same day as a pelvis or hip-joint surgery, you can never bill for it.