

Part B Insider (Multispecialty) Coding Alert

CCI 13.3: You Can Rescue Your Discectomy-Arthroplasty Denials Soon

Cardiologists win narrow escape from pacemaker/ICD edits

Neurosurgery news: One of the most troublesome Correct Coding Initiative (CCI) edits is finally going away.

CCI version 13.3, which takes effect Oct. 1, will delete an edit that made cervical discectomy code 63075 mutually exclusive with cervical arthroplasty code 0090T. This edit took effect last April and spelled a huge reimbursement shortfall for neurosurgeons who could no longer bill for arthroplasty.

Memphis, TN-based manufacturer **Medtronic** launched a protest and convinced Medicare to revoke this edit, retroactive to its beginning in April.

Take action: If you received any denials due to this edit, you can go ahead and resubmit the claims to your carrier after Oct. 1, according to a letter from **Correct Coding Solutions** (CCS), which organizes the CCI.

Cardiology news: Medicare put on hold another set of CCI edits that would have made your life miserable. CCS had planned on bundling removal of pacemaker pulse generator and/or electrodes (33233-33237) with removal of the pulse generator and/or electrodes for an implantable cardioverter-defibrillator (ICD) (33241 and 33243-33244).

These edits would have taken effect on Oct. 1, as part of CCI version 13.3, and you wouldn't have been able to use a modifier to override them. Under these edits, cardioverter-defibrillator code 33241 would have been a component of 33233-33237. Also, 33233 and 33235-33237 would have been components of 33243-33244.

A carrier medical director had suggested these edits after seeing -improper coding of these services together,- according to the **Heart Rhythm Society-s (HRS)** Web site.

The HRS joined together with the **American College of Cardiology** and the **Society of Thoracic Surgeons** to convince Medicare to defer action on these proposed edits. There's no word as to whether these edits will rear their ugly heads again in the future.

The HRS also declared victory on a set of Medically Unlikely Edits (MUEs) that Medicare wanted to impose on Oct. 1. These edits would have allowed your doctor to bill only one unit of service of electronic analysis codes 93724-93744 per day for a particular patient.

The HRS argued that those edits would -diminish the medical value of the services. They would also penalize electrophysiologists, who would not receive enough money to compensate them for their time and expense for these services. A hospitalized patient with an ICD who receives multiple therapies might need multiple therapies, the HRS pointed out. Also, a physician might see the same patient in the office and then in the hospital after an intervention, and could need a second programming session.

Medicare agreed to withdraw the MUEs for one unit of service of 93724-93744. Instead, Medicare will allow two units of service per day for these codes.