

Part B Insider (Multispecialty) Coding Alert

CCI 14.0: CCI Strikes Allergy, Urology, Neurology and Other Specialties

New medication therapy management codes suffer scores of bundles

If you were delighted about all of the wonderful new CPT codes for 2008, keep in mind that CPT giveth, but CCI taketh away.

You'll find that many of the new codes, as well as existing codes, are subject to CCI's bundling in version 14.0, effective Jan. 1.

Spine: CCI bundles 234 codes (including most E/M services and hundreds of spine surgery codes) into new spine anesthesia codes 01935-01936. No modifier can separate the bundle of the E/M services with these anesthesia codes, but a modifier can be used on most of the surgical edits.

Allergy: Version 14.0 bundles 90 procedures (including most E/M codes) into allergy testing codes 95004-95075.

-The interesting thing is that in Version 7.2, CCI said that codes with an -xxx- global fee actually do have a small global period, so you really shouldn't have been billing the E/M with allergy testing anyway unless the E/M was significantly and separately identifiable and qualifies for a 25 modifier,- says **Barbara J. Cobuzzi, MBA, CPC-OTO, CPC-H, CPC-P, CHCC**, president of **CRN Healthcare Solutions**.

Example: These edits can be separated with a modifier if the physician performs a significant and separately identifiable procedure. If a new patient presents and the physician performs and documents a history, exam and medical decision-making (MDM) and the allergy testing during the same session, you could report the appropriate E/M code with modifier 25 appended, as well as the allergy testing code.

Alternative: Suppose, however, that the physician performs and documents a history, exam and MDM and schedules the testing for a later date. When the patient returns for testing, the physician does a brief exam to ensure that the patient is healthy enough for the allergy testing. In this case, you should not report a separate E/M code, Cobuzzi says.

Orthopedics: Over 100 procedures now bundle into new osteotomy codes 22206 and 22207. For example, all of the primary codes in the 22210-22224 range (osteotomy) bundle into 22206-22207, as do laminectomy codes 63001-63047, among others. You can use a modifier to separate these bundles.

Plus, you'll find the new fracture care codes 27767-27769 on the edit list. Version 14.0 bundles these services into more than 50 codes each, such as other ankle fracture codes 27808-27823 and amputation codes 27880-27886.

General surgery: The new CCI bundles over 70 procedures into new tumor excision codes 49204-49205, including exploration (49000-49010) and hernia repair (49560-49587).

Injections: CCI Version 14.0 bundles injection code 90772 into 78 codes, most of which are new, such as new J- and G-tube codes 49450-49465. In addition, 36410 (venipuncture) now bundles into 77 codes, most of which are new, such as 51100-51102.

Urology: Bladder study code 78730 does a column swap and jumps to column two, meaning that 60 E/M codes that CCI formerly bundled into 78730 are now the primary codes, so carriers will deny 78730 if you bill it with the E/M services.

Possible rationale: -It looks like it costs less for Medicare to pay for 78730 versus the exam,- says **Tina Lee, CPC**,

coding specialist with **UACC** in Fresno, Calif. Indeed, 78730 has relative value of 1.98, whereas 99215 is worth only 1.38 relative value units (RVUs).

Modifier changes: You may notice that the edit bundling dilution study codes 93561-93562 into catheterization codes 93527-93529 previously had a modifier indicator of -1,- meaning that you could append a modifier if the procedures were performed as significant, separately identifiable services. But the new CCI changes the modifier indicator to -0,- which means that you cannot report the codes together under any circumstances.

Keep in mind, however, that this should not hurt too many practices. -Because the dilution studies have a -separate procedure- designation, they really have never been covered separately with cardiac catheterization services,- says **Terry A. Fletcher, CPC, CCS-P, CCS, CPC-EM, CPC-Cardio, CMSCS, CMC**, a healthcare coding consultant in Laguna Beach, Calif. -So these edits really have not changed anything, but just confirmed the fact that these codes are not billed together anyway.-