

Part B Insider (Multispecialty) Coding Alert

CCI: CCI Aims Sights at Turbinate Procedure Codes

Plus: You'll find new bundles in gastro, neuro, and orthopedics.

Version 15.0 of the Correct Coding Initiative (CCI) doesn't leave any specialty untouched. Read on to find out how you'll be affected.

Catheter introduction: The new edition of CCI will bundle code 36000 (Introduction of needle or intracatheter, vein) into nearly 60 other codes, including new lap-aroscopy codes 49652-49657. A modifier (such as 59, Distinct procedural service) can separate these edits if the physician performs a separately identifiable procedure.

Gastro: You'll find new code 46930 (Destruction of internal hemorrhoid[s] by thermal energy [eg, infrared coagulation, cautery, radiofrequency]) now bundled into hemorrhoidopexy code 46947. No modifier can separate this edit.

"We were hoping the new hemorrhoid destruction code wouldn't be bundled into a lot of other codes," says **Heather Corcoran** with CGH Billing. "This is unfortunate but shouldn't take too much reimbursement away from us."

Neurosurgery: CCI bundles new stereotactic cranial radiosurgery codes 61796 (1 simple cranial lesion) and 61798 (1 complex cranial lesion) into over 20 other neurosurgery codes, such as 61312-61315 (Craniectomy or craniotomy).

Ortho: You'll find new fixation codes 20696-20697 bundled into scores of other musculoskeletal codes, including several fracture care codes. You can separate these edits with a modifier.

ENT: New inferior turbinate cautery/ablation code 30801 bundles into many other sinus surgery codes, including the entire endoscopy section (31231-31294). Most of these edits can be separated by a modifier, except the edits bundling 30801 into 31231 (Diagnostic endoscopy) and 31238 (Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage). Code 31218 is usually considered integral to any surgery.

Keep in mind: When your physician performs a sinus endoscopy, he must pass the middle turbinates on his way to the ethmoids and the maxillary sinuses.

The inferior turbinates, however, do not provide access for these procedures. In 2006, the American Medical Association (AMA) redefined 30801 and 30802 (as well as 30930, 30130, and 30140) to refer only to the inferior turbinates to avoid these denials.

30801/30802: These codes describe electrocautery or ablation of the turbinate mucosa to shrink enlarged tissues. No incision or excision is performed. The code 30801 describes a superficial, or external, cauterization on the surface of the mucosa, whereas 30802 describes destruction of the mucosa from within.

If your ENT performs these procedures with an unrelated service, you should append modifier 59 to 30801 or 30802 to show that the turbinate electrocautery or ablation shrinkage (which includes radiofrequency shrinkage) is not bundled with the other procedure. This greatly reduces the ability to code for radiofrequency shrinkage of the inferior turbinate.

An example of the proper use of the 59 modifier may be when the turbinate is shrunk on one side of the nose, and the other procedure is performed on the other side of the nose. Since these two procedures are performed on separate sites, a 59 modifier is appropriately used, says **Barbara Cobuzzi, MBA, CENTC, CPC-H, CPC-P, CPC-I, CHCC**, president of CRN Healthcare Solutions, Tinton Falls, N.J.

Anesthesia Codes Targeted

Anesthesia: CCI aims to show physicians that they should not report certain procedures with the new anesthesia codes. For instance, over 100 codes now bundle into 00211 (Anesthesia for intracranial procedures; craniotomy or craniectomy for evaluation of hematoma).

Example: Your carrier will deny payment for nerve block codes 64400-64450 if you report them with 00211. You can use a modifier to separate this edit when necessary.

Swapped pairs: CCI previously bundled 99477 (Initial hospital care, per day, for the evaluation and management of the neonate...) into chemotherapy codes 96401-96409. However, effective Jan. 1, CCI now reverses things by bundling the chemotherapy codes into 99477 instead. This means that 99477 will be the payable code and the chemotherapy codes will be denied, unless you append a modifier and your notes indicate that the physician performed a separately identifiable, medically necessary service.