Codify
BY AAPC

Part B Insider (Multispecialty) Coding Alert

CCI Deletions: Screening Culture And Blood Culture No Longer Anathema

CCI 10.1 deletes 3 mutually exclusive edits, 5 component edits

It just got easier to bill for new **CPT 76937** (Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting).

That code is no longer mutually exclusive with 75998 (Fluoroscopic guidance for central venous access device placement, replacement (Catheter only or complete) or removal). Coding experts said that Medicare didn't want coders to bill both codes if the provider did a "quick look" ultrasound and then a fluoroscopy, but it was possible to use the -59 modifier to override the edit if the physician performed both procedures in full.

But the **Society for Interventional Radiology** complained that this edit was overly "burdensome," and Medicare agreed to lift it. (See PBI, Vol. 5, No. 5).

That's just one of eight CCI edits that are going away as of April 1, including three mutually exclusive and five component edits.

Also, microbiology codes 87040 (Culture, bacterial; any other source except urine, blood or stool...) and 87081 (Culture, presumptive, pathogenic organisms; screening only) are no longer mutually exclusive. The latter code is a screening culture code, and it was made mutually exclusive with 87040 and several other culturing codes as part of CCI Version 8.0, back in January 2002. Screening cultures are usually stand-alone tests, but sometimes a physician might need to perform both a screening culture and a standard blood culture under some circumstances.

Ultrasounds No Longer Bundled

Good news for emergency physicians and Ob-Gyns: 76830 (Ultrasound, transvaginal) is no longer bundled into 76856 (Ultrasound, pelvic [nonobstetric], B-scan and/or real time with image documentation; complete) and 76857 (Ultrasound, pelvic [nonobstetric], B-scan and/or real time with image documentation; limited or follow-up [e.g., for follicles]). These edits, which took effect last October, had made it more difficult for physicians to bill for a transvaginal and pelvic ultrasound in the same session, unless you could justify the -59 modifier on the grounds that the physician was using the transvaginal ultrasound for a different reason than the pelvic ultrasound -- for instance, to examine a different anatomic structure, like the cervix.

Finally, 38740 (Axillary lymphadenectomy; superficial) is no longer mutually exclusive with 19160 (Mastectomy, partial). And 58100 (Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method) is no longer a component of 57160 (Fitting and insertion of pessary or other intravaginal support device). And 36246 (Initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family) is no longer a component of 35661 (Bypass graft, with other than vein; femoral-femoral).

36140 (Introduction of needle or intracatheter; extremity artery) is no longer a component of 93501 (Right heart catheterization).