

## Part B Insider (Multispecialty) Coding Alert

### CCI EDITS: 5700 Drug Administration Edits Are Heading Your Way

#### Make sure your documentation justifies separate services

Brace yourself for a new round of Correct Coding Initiative Edits on Jan. 1.

CCI Vol. 12.0 adds a startling 59,080 new non-mutually exclusive edits and 465 new mutually exclusive edits. It only deletes 60 non-mutually exclusive edits.

The hardest hit codes in the new CCI are the new drug administration codes that take effect in January. Hydration code 90760 and initial infusion code 90765 each become components of 5,737 other codes. Injection code 90772 and IV push codes 90774 and 90775 each become a component of nearly as many codes, over 5,700 each.

**Override opportunity:** You'll be able to use a modifier to override some of these edits, but not all of them. Some of these edits applied to last year's G codes (See PBI, Vol. 6, No. 23), and CMS is just carrying them over to the new CPT Codes, say experts.

Some 84 evaluation & management codes also become components of 90760, 90765, 90772 and 90774. You can use a modifier to override all of those edits except the ones governing a level-one office visit (99211).

Also, venipuncture code 36000 and implanted venous access device irrigation code 96523 become components of 90760, 90765 and 90772-90775. You can use a modifier to override the edits governing 36000 but not the ones governing 96523. Also, venipuncture codes 36410 and 36425 and somatic nerve block code 64450 become components of 96070 and 96075, but you can use a modifier to override those edits.

Also, intra-arterial injection code 90773 becomes a component of a few hundred codes from the medicine section, including percutaneous transluminal coronary angioplasty (PTCA) code 92982, percutaneous balloon valvuloplasty codes 92986-92995, cardiac catheterization codes 93501-93533 and septal defect repair codes 93580-93581.

**Perspective:** Already, oncology practices have to use the 59 modifier any time they bill for a separate E/M visit, an additional IV push on the same day, or a subcutaneous injection in addition to any infusion, says **Andrea Peters**, infusion billing manager for **Texas Hematology/ Oncology** in Dallas. It's hard to see how these additional edits could make matters any more challenging, she says.