

## Part B Insider (Multispecialty) Coding Alert

### CCI Edits: Hospital E/M Codes Bundled With Dialysis

#### **99231-99233 and 99261-99263 are components of dialysis**

For physicians who visit hospital patients and perform hemodialysis and other dialysis procedures, it just became a lot harder to bill for evaluation and management separately.

The latest version of the National Correct Coding Initiative, version 9.3, bundles six E/M codes with a number of dialysis codes. Three of these, 99231-99233, cover subsequent hospital care, per day, for the evaluation and management of a patient. The other three, 99261-99263, cover follow-up inpatient consultation for an established patient, requiring at least two of the three components of E/M.

All six of these codes are now considered components of hemodialysis codes 90935-90937 and non-hemodialysis dialysis codes 90945-90947. You can't use a modifier to override these edits, so even if a physician has an unrelated reason for providing E/M services to a patient on the same day as dialysis, you'll have to write it off.

The CPT editorial guidelines have long indicated that any E/M services related to a patient's end-stage renal disease that are performed on the same day as dialysis are included as part of the dialysis procedure. In the past, coders have argued that if a physician finds another diagnosis during dialysis - for example, pneumonia - the physician should be able to bill separately for E/M.

The newest version of the NCCI includes 725 new component edits and eight new mutually exclusive edits. It only deletes five edits from previous versions of the NCCI. Other edits include:

Ventilator codes 94660 (CPAP) and 94662 (CNP) become components of hospital observation services codes 99217-99220 and emergency department services codes 99281-99285. CPT code 90862 (Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy) also becomes a component of those codes.

Also, 90862 and 94662 become components of pediatric and neonatal codes 99293-99299. You can't use a modifier to override these edits.

You can no longer bill for 99316 (Nursing facility discharge day management; more than 30 minutes) with 90862, because the latter code is considered a component of the former.