

Part B Insider (Multispecialty) Coding Alert

CCI EDITS: You Can't Use A Modifier To Override New Cholecystectomy Edits

Hospital day discharge management and critical care now billable together

If your facility bills for **magnetic resonance angiography** (MRA) codes C8900-C8920 under the outpatient prospective payment system, then you could face more billing challenges soon.

The Correct Coding Initiative version 12.2 makes a dozen other codes components of C8900-C8920, including catheterization code 36000, venipuncture code 36410, radiology codes 76000, 76003, 76350, 76376-76377, 76492 and 76986, and injection codes 90772-90775. You can use a modifier to override all of these edits except the ones governing 76350 and 76376-76377. The edits also bundle some of the MRA codes with each other.

In other new CCI changes:

- 73 E/M codes become components of **initial nursing facility care codes** 99304-99306. You can use a modifier to override almost all of these edits except those governing some neonatal intensive care codes and work/disability exam codes 99455-99456. Also, newborn infant history and exam code 99435 becomes a component of 99304, and you can't override that edit with a modifier.
- Most of the **cholecystectomy codes** between 47562-47620 become components of hepatectomy codes 47120-47130. Also, 47562, 47564 and 47570 become components of 47140-47142, and 47610 becomes a component of 47141-47142. You can't use a modifier to override any of these edits. But you can use a modifier to override edits that make 47120 a component of colectomy codes 44150 and 44160 and enterostomy code 44625.
- Also, you can't use a modifier to override edits that make **laparoscopy code 49320** a component of cholecystectomy codes 47600 and 47610, plus cannula/catheter insertion code 49421. Also immune to modifiers is an edit that makes 47563 and 47564 mutually exclusive.
- Nor can you use a modifier to override edits that make **pacing cardioverter/defibrillator analysis** code 93741 a component of 93742, or 93743 a component of 93744.
- You can't bill for **transcatheter permanent occlusion or embolization** codes 61624-61626 along with transcatheter stent placement codes 37205 or 76960, unless you use a modifier.
- Radiology codes 77321-77326 become components of **stereotactic radiosurgery** code G0173, but you can override that edit with a modifier.
- CCI 12.2 also deletes a modifier-proof edit that made critical care codes 99291-99292 components of **hospital discharge day management** code 99239. Now, if a patient has an emergency requiring 30 minutes or more of critical care on the same day as his or her discharge, you can bill for both services.
- And CCI 12.2 deletes an edit that made **colectomy** code 44145 mutually exclusive with enterectomy code 44120.