

Part B Insider (Multispecialty) Coding Alert

CCI Grants Relief From Spinal Surgery Edits

CPT 2006 gave you some new codes for kyphoplasty and percutaneous vertebroplasty, and then Correct Coding Initiative (CCI) edits made those codes harder to bill.

But starting in July, you can bill more spinal injection codes on the same date as those codes. CCI version 13.2 deletes a dozen edits bundling spinal injection codes 62310, 62318-62319, 64470 or 64475 with kyphoplasty and/or vertebroplasty codes. You can also bill spinal injection codes with aspiration/decompression code 62287 without a modifier.

Timely intervention: The **American Society for Interventional Pain Management** (ASIPP) complained to **Niles Rosen** at **Correct Coding Solutions**, which creates the CCI edits, about the hardship it created with the kyphoplasty and vertebroplasty edits. Rosen agreed to delete these edits in a Feb. 15 letter. Medicare has a general policy not to pay for some injection codes on the same date as any surgeries because it doesn't want to pay for post-operative pain management. But in the case of these edits, that issue doesn't apply, Rosen admitted.

ASIPP also asked Rosen to remove edits bundling IntraDiscal ElectroThermal annuloplasty (IDET) with cervical or thoracic spinal injection codes 62310, 62318 and 64470. Since Medicare doesn't currently pay for IDET anywhere other than the lumbar region, it doesn't make sense to bundle cervical or thoracic procedures with it. But Rosen says Medicare may still be deciding whether to limit IDET coverage to the lumbar region.

Another deletion: You no longer need a modifier to bill lymphadnectomy code 38745 with mastectomy code 19303.