

Part B Insider (Multispecialty) Coding Alert

CCI: Where Modifiers Won't Help, You Must Modify Your Behavior

Bad news for coders: Your ingenuity in using modifiers as a way of getting around correct coding initiative edits may be sorely taxed in the future.

The reason is the new CCI Edits contain many you can't use modifiers to change. For example, you can't use modifiers to override new knee arthroscopy code pair edits. In particular, 29874 (Arthroscopy, knee, surgical; for removal of loose body or foreign body) and 29877 (Chondroplasty) are components of 29871, 29875 and 29884. And the CCI also bundles 29877 into 29873, 29876, 29882 and 29883.

Shoulder scope code 29826 (Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release) is now a component of 23412 as well, although you can use modifier -59 to override these shoulder edits if your documentation demonstrates that each surgery was a distinct procedural service.

And ob-gyn practices face 50 edits that can't be overridden with modifiers. For example, 56820 (Colposcopy of the vulva) will never be paid with 56501 (Destruction of lesion[s], vulva), 56633 (Radical vulvectomy) or 56805 (Clitoroplasty). And 57061 (Destruction of vaginal lesion[s]) can't be billed with 57421 (Vaginal colposcopy with biopsy[s]). Also, 57420 (Colposcopy of the vagina) can never be billed with 18 procedure codes: 57155, 57220, 57230, 57454-57461, 57531, 58145, and 58275 through 58294.

In addition, 57421 and 57454 (Cervical colposcopy) are each bundled into each other. Code 57454 is bundled into 57220, 57230, 57420, 57531, 58145, and 58275 through 58285. Finally, 58605, 58700, 58740 and 58900 will never be paid with 58146. Episiotomy, 59300, is permanently bundled into delivery codes, and delivery of placenta, 59414, is bundled into 59515, cesarean delivery.

Meanwhile, you can't use modifiers to get around new edits affecting cochlear implants, says **Cathy Klein, LPN, CPC**, director of regional network services for **Cardinal Health Initiatives** in Muncie, Ind. You can never bill speech evaluation and treatment codes 92506 through 92507 with 92601 through 92604, which cover diagnostic examinations. The new codes in the 92601 series overlap with the older 92506 and 92507 codes, Klein says.

Meanwhile, five new codes for functional endoscopic evaluation of swallowing and fiberoptic endoscopic evaluation of swallowing with sensory testing, 92612 through 92616, overlap with a previous general laryngeal study code, 92520, which the **Centers for Medicare & Medicaid Services** considers a component of the new codes.