

Part B Insider (Multispecialty) Coding Alert

CMS Hits New Codes With 4,000 Edits At Once

According to a letter from the **Centers for Medicare & Medicaid Services** to specialty societies, January's new CCI edits fall into four categories:

1) New edits that are based on the same principles as old edits. These include 166 edits on the grounds that a surgeon can't receive payment for anesthesia he or she administers. You can't use a modifier to override any of those anesthesia edits.

They also include 630 edits to prevent a provider from billing for anesthesia services while providing an operative procedure, using CPT codes 36000, 36410, 90760, 90765, 90772, 90774 or 90775.

Another 752 edits target surgeons billing for postoperative pain management with surgeries that have global periods, using 37202, 62318, 62319, 64415-64417, 64450, 64470 and 64475.

Also, 85 edits prevent you from using an intraoperative microsurgical technique that's only allowed for specific surgical procedures (69990), and you can't use a modifier to override them.

2) Edits based on CPT descriptors and CPT instructions, including 62 based on procedure code definitions and 507 based on CPT manual instructions and reference notes.

3) New edits based on crosswalking old HCPCS and CPT codes to new CPT codes, including the new drug administration and chemotherapy codes. CMS estimates roughly 50,000 edits come into this category.

4) Some 4,097 edits for the new 2006 CPT codes.