Part B Insider (Multispecialty) Coding Alert

Coding: CMS Updates NCCI Explanation Language

If you're confused about the reasoning behind many National Correct Coding Initiative edits applied by Medicare carriers, there's new guidance for you. In Transmittal 1816, CMS revised many of the examples of different types of NCCI Edits in Section 4630 of the Medicare Carriers Manual.

In the new example given for a comprehensive code and a component code that includes a "common portion" of the comprehensive procedure, CMS discusses comprehensive code 0032T and component code 0031T. The full description of 0032T is "Speculoscopy; with directed sampling," and part of that descriptor encompasses 0031T, CMS states.

CMS also explains that 29870 (Arthroscopy, knee, diagnostic ...) is a component of 0012T (Surgical knee arthroscopic implantation of osteochondral graft[s]), because 29870 isn't performed alone or independent of the more comprehensive service described in 0012T.

In the case of most extensive procedures, 0008T (Upper gastrointestinal endoscopy) is considered a more extensive procedure than 43202 (Rigid or flexible esophagoscopy), therefore 43202 is bundled into 0008T.

CMS also illuminates its policy on "Standards of Medical/Surgical Practice," which says that "as a standard of coding practice" you would consider one code "part of the global package" with another. CMS gives the example of 36000* (Introduction of needle or intracatheter, vein), which is bundled with 0005T (Percutaneous transcatheter placement of extracranial cerebrovascular artery stent[s]).

Another policy, "Anesthesia Included in Surgical Procedures," states that it's improper to report anesthesia procedures such as 00740 (Anesthesia for upper gastrointestinal endoscopic procedures) with a surgical code such as 0008T (Upper gastrointestinal endoscopy; with suturing of the esophagogastric junction).

Then there's misuse of a column 2 code with a column 1 code. CMS gives the example of 91105 (Gastric intubation, and aspiration or lavage for treatment), which should represent a nonendoscopic procedure. Thus, if the only service provided is 0008T (Upper gastrointestinal endoscopy; with suturing of the esophagogastric junction), you shouldn't bill 91105 with it.

CMS also adds new language to the discussions of coding excision of benign lesions, arthroscopic repair or reconstruction of the cruciate ligament, performing a digital nerve block prior to a procedure, mutually exclusive procedures, and several other examples of anesthesia included in surgical procedures.