

Part B Insider (Multispecialty) Coding Alert

CODING: Don't Let Defunct Edits Bite Into Your Reimbursement

If you're relying on your software to digest the [Correct Coding Initiative edits](#), you could be missing out on some big opportunities.

Many people check to see what previously billable code combinations are now bundled or mutually exclusive. But they forget to check whether any of those edits have expired or disappeared due to new codes, says **George Alex, CPC**, managing partner with **Iatro** in Pasadena, Md.

"We get used to using certain 'pet' codes," Alex says. Coders learn what is typically included or not included with a particular procedure, but may end up missing out on reimbursement possibilities if they don't reverify their knowledge with each new batch of edits.

Sometimes edits may simply disappear, as in the case of endovascular repair of aortic aneurysms (75952 and 75953). Previously, a number of radiologic and supervision codes were bundled with either of these codes, including 34800-34808. But now, the April CCI edits have removed those bundles, and you can now bill for those codes with endovascular repair.

Tip: When a new code or set of codes comes out, don't necessarily assume that you should apply the edits you used with the code it replaced - or that you should apply edits that would apply to similar codes, Alex says.

Example: The Centers for Medicare & Medicaid Services recently introduced a code for arthroscopic lateral retinacular release of the knee (29873). The edits in the January CCI for that new code were much more liberal than the edits for the old open release code (27425). But Alex's colleagues have come across many coders applying the same edits to the arthroscopic code as they would have to the open code.

The "open" procedure, 27425, is bundled with arthroscopic procedures [29871](#), 29874, 29888 and 29889, Alex says. But the arthroscopic procedure is bundled only with 29877 and can be billed with those other codes. For example, you can bill for an arthroscopic lateral release with an arthroscopic anterior cruciate ligament reconstruction (29888) without any trouble.

There are literally twice as many codes bundled with the open procedure as with the arthroscopic procedure, Alex says. Because coders have been working with the code for the open procedure a lot longer, they may have missed some of those edits that don't apply.

Alex has found many offices relying on software packages that include CCI edits, and coders won't bother to check whether things that they "know" are bundled are still bundled according to the latest CCI.