Codify
BY AAPC

Part B Insider (Multispecialty) Coding Alert

Correct Coding Initiative: 76003 And 76942 With Percutaneous Procedures? Think Again

CCI 10.3 closes the door on ultrasound and fluoroscopic guidance with dozens of codes

If it seems like ultrasound guidance and fluoroscopic guidance for needle placement (76003 and 76942) have bullseyes pinned to their backs now, just wait until October.

The latest updates to the Correct Coding Initiative add to the huge number of bundling edits for those two codes. Already, you can't bill for 76003 with vascular injections, and 76942 is bundled with vascular access codes.

Come October, both codes are components of dozens of percutaneous procedures in the cardiovascular, gastric, genitourinary and spinal sections.

Starting next month these two guidance codes will become components of cardiovascular surgery codes 37207, 37209, 37250, 37620; biliary tract surgery codes 47490-47500, 47510-47530, and 47630; abdomen, peritoneum and omentum surgery codes 49021, 49041, 49061, 49080-49081, 49400 and 49423; kidney surgery codes 50021 and 50394-50396; bladder surgery codes 51705-51710; female genital system surgery codes 58340-58345, 58823, 58970; maternity codes 59000, 59012-59015; and spinal surgery codes 62290-62291.

The comprehensive codes for guidance codes 76003 and 76942 also include 42550 (Injection procedure for sialography), 44901 (Incision and drainage of appendiceal abscess; percutaneous), 47011 (Hepatotomy; for percutaneous drainage of abscess or cyst, one or two stages), 48511 (External drainage, pseudocyst of pancreas; percutaneous), 55300 (Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral), 55700 (Biopsy, prostate, needle or pinch, single or multiple, any approach), 60001 (Aspiration and/or injection, thyroid cyst) and 61070 (Puncture of stent tubing or reservoir for aspiration or injection procedure).

Code 76003 also becomes a component of 38505 (Biopsy or excision of lymph node[s]; by needle, superficial), plus kidney surgery codes 50080-50082 and 50392.

Separately, angiography codes 75650-75716 and 75756 become components of several transcatheter procedures. Angiography codes are bundled with transcatheter procedure codes 75960-75962, 75970 and 75992. Also, 75722-75743 become components of transcatheter codes 75960-75961, 75966, 75970 and 75995, and some of those codes became components of 75994.

And vein and lymphatic radiology codes 75810-75891 all become components of codes 75961 and 75970-75978.

Good news: You can override all these edits with appropriate modifiers.