

## Part B Insider (Multispecialty) Coding Alert

### Correct Coding Initiative: 8,000 Edits Hit 16 Testing Codes Hard

**You can use a modifier to override these edits, but you probably shouldn't**

If your physician is performing neurological tests as part of a brain, spine or nerve operation, then you could have some more hurdles to jump over, thanks to Version 10.1 of the Correct Coding Initiative.

Sixteen testing codes were hit with the vast majority of the latest CCI Edits, which take place in April. These 16 codes each will become components of around 520 procedure codes.

The Column 1 codes mostly come from the spine surgery (22100-22855), parathyroid, thymus, adreanal glands, pancreas and carotid body procedures (60500-60505), skull, meninges and brain procedures (61000-62258), spine surgery (63001-63746) and extracranial nerves, peripheral nerves and autonomic nervous system (64400-64907) sections.

You can use a modifier to override these edits. The codes hit with these edits are:

92585 (Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive)

95822 (Electroencephalogram, recording in coma or sleep only)

Needle electromyography codes 95860-95861 and 95867-95868

Nerve conduction, amplitude and latency/velocity study codes 95900 and 95904

Evoked potentials and reflex tests codes 95925-95937

Needle electromyography code 95867 (Cranial nerve supplied muscles; unilateral) also became a component of 92265 (Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interpretation and report).

And 95920 (Intraoperative neurophysiology testing, per hour) also became a component of routine electroencephalography codes 95812-95819 and 95824-95830 and special EEG test codes 95950-95958 and 95962-95966. The CPT instruction book tells coders to list 95920 in addition to the study performed, but doesn't include any of the banned codes.

You won't be able to use the -59 modifier with these edits unless "it was for a different session on the same day," says **Barbara Cobuzzi**, president of **Cash Flow Solutions** in Brick, N.J. "So if the test was done before the surgery or after the surgery, you could use the -59." But you won't be able to use a modifier if it's a different site, because these tests "would not be done interoperatively unless it was relevant to the surgery."