

## Part B Insider (Multispecialty) Coding Alert

### Correct Coding Initiative: Beware New Bundles For

Important changes are coming down the pike for inpatient consultation codes.

All codes for initial and follow-up inpatient consultations (99251-99263) are becoming components of observation or inpatient hospital care codes 99234-99236. In other words, you can no longer bill for a consult if the physician also placed the patient under observation or admitted him or her as an inpatient. Further, you can't override these edits using a modifier.

Also in the CCI update:

1. Physical medicine and rehab codes 97022 and 97036 will become components of therapeutic procedure codes 97112-97113.
2. A whole slew of codes will become components of cochlear implant diagnostic codes 92601-92604. Auditory function test codes 92552-92589 and 92596-92597 will become components of those codes. Also, 92508 (Treatment of speech, language, voice, communication and/or auditory processing disorder; group, two or more individuals) will become a component of 92601-92604. Most of these edits won't be susceptible to a modifier.
3. CPT code 20650 (Insertion of wire or pin with application of skeletal traction, including removal) may be marked as a separate procedure in the CPT book, but you will no longer be able to bill it separately with 16 codes starting in October. The comprehensive codes for this service include a number of fracture and/or dislocation codes, plus endoscopy/arthroscopy codes 29851-29855 and 29892.
4. CPT code 50715 (Utererolysis, with or without repositioning of ureter for retroperitoneal fibrosis) will become a component of 49 laparoscopy codes: 43280, 43651-43653, 44201-44202, 44204-44212, 44970, 47371, 47560-47570, 49320-49323, 49650-49651, 50541-50548, 54690-54692, 55550, 55866, 58555-58563 and 60650. You will be able to use a modifier to overcome these edits. CCI version 8.2 already targeted this code as a component of several enterectomy/enterostomy codes. So it's important to be able to show that the utererolysis was a separate procedure with its own diagnosis.

Utererolysis "is not a procedure that we do often, but it's usually done alone, so I don't think it would be a problem," said **Connie Copeland**, coder and HIPAA compliance officer for **Urology Professional Association** in Tupelo, Miss.