

Part B Insider (Multispecialty) Coding Alert

Correct Coding Initiative: Check Out the Latest CCI Edits That Could Halt Your Claims

New bundles may be bad news—but read on for deletions as well.

Every new year brings code changes, and every year the Correct Coding Initiative (CCI) adds edits. Consider the following tips to determine how to navigate edits impacting the new codes featured in CPT® 2014.

Can You Be Paid For Interprofessional Consults? CCI Says No

Medicare has bundled all of the new Interprofessional consultation codes (99446-99449) into most other procedures. This reflects Medicare's policy of never paying for non-face-to-face services or consultations.

Reminder: CCI 20.0 also pairs these codes as Column 2 codes with E/M service codes. So, you cannot report these codes if you are reporting any other E/M service code for the same session also. Note that these pairings also carry the modifier indicator '0' which means that you cannot undo these edits by using any modifiers.

Example: Your doctor sees a 75-year-old new patient for complaints of abdominal pain. The patient was being seen by another physician in another state. But the other physician was unable to manage and monitor the patient as the patient transferred out of that state. Your physician sees the patient, reviews previous records and test results, and records a complete history of the patient. He also performs an examination of the patient and orders some blood tests, which are done while the patient is in the office.

After receiving the results of the tests, your physician discusses the patient's condition and treatment/management options that were performed by the previous physician by making a call to that physician on the same day.

Your physician discusses the management options that were followed by the previous physician and provides information about the present blood sugar levels; he also discusses further treatment options with the previous physician. Your physician spends a total of 15 minutes over the phone discussing the patient with the other physician.

Since you report the evaluation of the patient with a new patient E/M code for the session, you will not be able to report the time spent by physician on the same date in discussion with the other physician about the patient's condition with 99447 (Inter-professional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review) as CCI 20.0 bundles the E/M code and 99447 with the modifier indicator '0.'

Heads up: They have also permanently bundled the two transitional management codes (99495-99496) into all surgical procedures as well.

Nail Down New Stent Coding Rules

Cardiology practices can expect two CCI edits affecting your stent claims to be deleted in April. Here are the details and tips for dealing with claims until the deletions become effective.

National Government Services, the Part B MAC for Jurisdictions K and 6, posted news that CMS plans to delete a handful

of CCI edits in the April 2014 version. All of the edits were originally implemented in the January 2014 version. The deletions will be retroactive to Jan. 1, 2014, so it will be as if the edits never existed.

The first cardiology-related deletion will affect new-for-2014 codes for stent placement in certain arteries. The edit places "additional artery" code +37237 in Column 1 and "initial artery" code 37236 in Column 2:

- 37236, Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery
- +37237, ... each additional artery (List separately in addition to code for primary procedure)

Problem: Code 37236 is the only appropriate primary code for add-on code +37237, so an edit that prevents payment of 37236 when reported with +37237 doesn't make sense.

The reason CCI originally gave for the edit was "sequential procedure." But 37236/+37237 does not meet CCI's definition of sequential procedure: "If a provider attempts several procedures in direct succession at a patient encounter to accomplish the same end, only the procedure that successfully accomplishes the expected result is reported" (NCCI correspondence language manual, www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Downloads/ncci_correspondence_language_manual.pdf).

Clearly, that sequential procedure policy does not apply to services performed on an initial artery (37236) and an additional artery (+37237).

Add 37238/+37239 to Your Watch List, Too

The second cardiology-related edit that will be deleted is another primary/add-on stenting code pair introduced in 2014. The edit places "additional vein" code +37239 in Column 1 and "initial vein" code 37238 in Column 2:

- 37238, Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein
- +37239, ... each additional vein (List separately in addition to code for primary procedure).

The situation for 37238/+37239 is identical to the 37236/+37237 edit. CCI gave the same reason, "sequential procedure," for the edit's creation. Code 37238 is the only appropriate primary code for add-on code +37239, so again it makes sense to delete an edit that prevents payment of 37238 when reported with +37239.

Decide How to Handle Claims Until Deletion

CCI will delete the edits in the CCI version implemented on April 1, 2014. The deletions are expected to be retroactive to Jan. 1, 2014. Until the deletion occurs, coding experts recommend either overriding the edit by appending a modifier (the edits have a modifier indicator of 1) or holding the claims, keeping in mind any timely filing requirements.

Posting: To locate the National Government Services article, head to www.ngsmedicare.com/ngs/portal/ngsmedicare/news. Choose a Part B jurisdiction, and when the new page opens, re-enter the Web address above. In the Articles Search box, enter this phrase: Six NCCI Procedure to Procedure Edits. When the results appear, click the link for the article beginning with that same phrase.

Final tip: Codes 37236-+37239 still have more than 1,000 edits between them, so be sure to continue to check the edits before submitting claims for these codes.