

## Part B Insider (Multispecialty) Coding Alert

### CORRECT CODING INITIATIVE: CMS Reverses CCI Edits for TEE

When the doors of reimbursement close on a procedure you perform regularly, don't despair. Sometimes those doors can swing open again.

Beginning July 1, Medicare will again reimburse anesthesiologists for some transesophageal echocardiography (TEE) procedures performed during an anesthetic. The change reverses the National Correct Coding Initiative edits implemented April 1, which changed the status indicators for most TEE procedure codes and kept anesthesiologists from appending modifier -59 (Distinct procedural service) to receive payment for services.

According to a letter from the **Centers for Medicare & Medicaid Services** to the **American Society of Anesthesiologists**, the next generation of CCI Edits will ditch these restrictions. The July CCI will reinstate four TEE codes with modifier indicator status "1," which means anesthesiologists can report these services again using modifier -59. To win coverage, the TEE procedures must be diagnostic, to establish myocardial ischemia or cardiac valve function, and performed with an anesthetic. The codes are:

93312 - Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report

93313 - ... placement of transesophageal probe only

93315 - Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report

93316 - ... placement of transesophageal probe only.

#### Place the Probe, Take a Chance

CMS stresses that it'll allow these codes for diagnostic purposes only. "In the past, CMS has allowed providers to report 'image acquisition, interpretation and report only' (CPT codes 93314, Echocardiography, transesophageal, real time with image documentation [2D] [with or without M-mode recording]; image acquisition, interpretation and report only; and 93317, Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only) when performed for diagnostic purposes during anesthesia."

When an anesthesiologist inserts a TEE probe during anesthesia, CMS says, often he or she won't know whether clinicians will end up using the probe for monitoring or also for diagnostic purposes. Nevertheless, CMS says it will only pay for both probe placement and interpretation if the TEE ends up being used for diagnostic purposes. In other words, you'll just have to roll the dice.

The letter also reminds providers that they shouldn't report codes 93312-93317 for TEE for monitoring during anesthesia. TEE used for monitoring is bundled with the anesthesia service and is not separately billable, as with most monitoring services.

Allowing modifier -59 with these TEE codes "will make it easier for anesthesia departments to provide intraoperative diagnostic TEE to all patients who need this service," says **Karin Bierstein**, assistant director of ASA's Office of Governmental Affairs. "The original edit would have barred full reimbursement unless a second anesthesiologist came to

perform the TEE, and few departments have anesthesiologists to spare."

The changes will be retroactive to April 1, 2003, when the TEE reporting was first disallowed. Providers who performed diagnostic TEE procedures may resubmit claims and supporting documentation to their local carriers for adjustment after July 1, CMS states.

