

Part B Insider (Multispecialty) Coding Alert

CORRECT CODING INITIATIVE : Get to Know the New CCI 16.1 Code Bundles, Or Risk Unexpected Denials

New edits in spine, urology, catheterization, pathology, and other specialties could change how you submit your claims.

With the release of Correct Coding Initiative (CCI) version 16.1, you might be wondering what's in store for you among the 2,054 new code pairs. Read on for a sampling of the coding edits you'll find waiting for you effective April 1.

- **Spine:** The CCI will now bundle 22856 (Total disc arthroplasty) into all of the codes in the arthrodesis/kyphectomy series 22804-22819. You can use a modifier (such as 59, Distinct procedural service) to separate these edits if both services were performed as distinct procedural services.
- **Injections:** You'll find injection code 96372 (Therapeutic, prophylactic, or diagnostic injection) bundled into over 30 codes from the radiology section, including aortography codes 75600-75630. You can use a modifier to separate these edits.
- **Urology:** You can no longer report prostate biopsy codes 55700 or 55706 with 52630 (Transurethral resection). Your MAC will reimburse you for 52630 but deny the biopsy code, and no modifier can separate these new edits.
- **Catheterizations:** Your MAC will deny 62365 (Removal of subcutaneous reservoir or pump) if you report it with 62360-62362 (Implantation or replacement of device for intrathecal or epidural drug infusion), and no modifier can separate this new bundle, effective April 1.
- **Pathology:** The CCI now bundles 82491 (Chromatography), 83520 (Immunoassay for analyte other than infections agent antibody or antigen; quantitative), and 86294 (Immunoassay for tumor antigen) into 83951 (Oncoprotein; des-gamma-croboxy-prothrombin). You can use a modifier to separate these edit bundles, if your documentation supports it.

See page 89 for more details on CCI 16.1.