

Part B Insider (Multispecialty) Coding Alert

CORRECT CODING INITIATIVE: Step Carefully Around New Drug Administration Edits

CCI 11.3 unleashes more edits on injection codes

The Correct Coding Initiative isn't done wreaking havoc with the new drug administration codes that took effect last January.

A large number of new CCI edits affect drug administration codes G0347-G0362. Presumably these and other edits affecting those codes will cross over to the new CPT codes for drug administration starting this coming January. Luckily, you can use a modifier to override all of these edits.

CCI version 11.0 already bundled evaluation and management [CPT 99201 - 99215](#) with chemotherapy administration codes G0355-G0357 (See PBI, Vol. 6, no. 1). Now CCI 11.3 bundles 99201-99205 and 99212-99215 with injection codes G0351 and G0353. You can always bill for a significant, separately identifiable E/M visit using a modifier, except for some edits affecting level-one code 99211.

Also, E/M codes 99201-99215 will all become components of injection codes 90783 (...intra-arterial) and 90788 (...intramuscular injection of antibiotic).

Codes G0345, G0347, G0351 and G0353-G0354 all become components of bone marrow aspiration codes 38220-38221 and donor enterectomy codes 44133 and 44136. And G0345, G0347 and G0353-G0354 become components of echocardiography codes 93303-93318.

Injection codes G0351 and G0353-G0354 become components of a number of codes, including fine needle aspiration codes 10021-10022; drug delivery implant codes 11981-11983; ventricular assist device codes 33975-33976 and 33979; vascular injection procedure codes 36000-36217, 36245-36247, 36420-36460, 36550, 36600 and 37195. Those three injection codes also become components of 44137 (Removal of transplanted intestinal allograft, complete).

In addition, code G0351 becomes a component of 125 codes from the diagnostic and therapeutic nuclear medicine section. G0351 also becomes a component of venipuncture codes 36400-36410--as well as five other drug administration codes. Codes G0353-G0354 will become components of bone marrow transplant codes 38240-38241.

The drug administration codes also become components of a number of Category III codes. Some carriers may not reimburse Category III codes.

Stereotactic Procedure Edits Deleted

In the past, you would have needed a modifier to bill +61795 (Stereotactic computer-assisted volumetric [navigational] procedure, intracranial, extracranial or spinal) with any of 58 evaluation and management codes, including 99201-99239 and 99271-99285 and several critical care codes.

Good news: But CCI version 11.3 deletes this edit, meaning that you can now bill for an E/M visit on the same day as a stereotactic procedure without needing to justify yourself to the carrier.

Actinotherapy code 96900 and photochemotherapy codes 96910-96913 will no longer be components of radiation treatment delivery codes 77402-77417. Consult codes 99241-99255 and 99271-99275 will no longer be components of 77776 (Interstitial radiation source application; simple), and neither will prolonged services codes or "physician standby"

codes.

Finally, radiation treatment delivery codes 77401-77417 will no longer be components of 96567 (Photo-dynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa [eg, lip] by activation of photosensitive drug(s), each phototherapy exposure session).