

Part B Insider (Multispecialty) Coding Alert

NCCI 11.2 SPECIAL REPORT: Total Omentectomy Code Totally Surrounded With Edits

NCCI version 11.2 adds to edits from CCI version 11.0

Ob-Gyn coders rejoiced when CPT 2005 yielded a new surgical code for malignancy, 58956 (Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy). But this code is becoming increasingly difficult to bill with other codes.

Corpus uteri excision codes 58120-58146, 58152, 58200-58210, 58260, 58267-58285, 58290-58294 all become components of 58956. And another 46 codes also become components of 58956, including several laparoscopy codes.

These aren't the first edits to afflict 58956: NCCI 11.0, which took effect last January, said you couldn't bill the new code with IV infusion codes, some hysterectomy codes, omentectomy code 49255, some ovarian biopsy and cystectomy codes, two epidural codes and six nerve block codes.

Also, new code 58356 (Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed) will be a component of excision codes 58150-58294.

Also a component of 58150-58294 will be Category III codes 0071T-0072T for forced ultrasound ablation of uterine leiomyomata, including MR guidance. And another nine female genital surgery codes each become components of 0071T-0072T as well.

Most of these edits won't be susceptible to a modifier.

In other surgical edits:

Anesthesia codes 01924 and 01926 become components of transcatheter placement of intravascular stent codes 37215-37216, and no modifier can override that edit.

Some 34 codes become components of new flexible colonoscopy codes 45391-45392. The bundled codes include endoscopy codes 45300-45340 and 45345, colonoscopy code 45382, GI surgery codes 45900-46020 and 46940-46942, ultrasound codes 76942, 76975 and 76986, and pulse oximetry codes 94760-94761. And 45932 is bundled with 45931. Almost all of these edits are immune to a modifier.

Adrenalectomy codes 60540-60545 and laryngoscopy code 60650 all become components of nephrectomy codes 50220-50240, 50543, 50546, and 50548. You can use a modifier to override these edits.

CPT 2005 caused delight to the bariatric surgery community when it introduced two new codes for the common roux-en-y gastric bypass surgery, 43644-43645. Now those codes will become mutually exclusive with gastric restrictive



procedure codes 43842-43845. And 43845 also becomes mutually exclusive with gastric restrictive procedure codes 43846 and 43848. Also, 43845 and 43846 are mutually exclusive, and 43644 is mutually exclusive with both 43842 and 43848. You can't use a modifier to block any of these edits.

CPT Code 36000 (Introduction of needle or intracatheter, vein) will become a component of myocardial imaging codes 78491-78492, brain imaging codes 78608-78609 and tumor imaging codes 78811-78816. And 36010 (Introduction of catheter, superior or inferior vena cava) becomes a component of catheterization codes 93524, 93527-93530 and 93532-93533. You can use a modifier to override those edits.

Also, several codes become components of 43644-43645, including esophagogastric fundoplasty code 43280, gastrostomy code 43653, tube placement code 43752, enterolysis code 44200 and lysis of adhesions code 58660. Only the edits involving 43752 can be overridden with a modifier.