Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Get Set For Fresh Edits Bundling Allergy Immunotherapy and E/M Codes

You will also face potential problems when reporting allergy testing codes with E/M services.

While CPT® 2014 saw the introduction of a new code for mechanical chest wall oscillation, the Correct Coding Initiative (CCI) version 20.1 brought in edits that will govern reporting of these codes with other respiratory therapy codes. You'll also need to look for edits when you are planning on reporting allergy therapy with E/M codes.

"Overall, it's a bit of a yawn this time, which is probably good. There are 4,322 new edit pairs, bringing the total active list to 1,314,537 active pairs," says **Frank Cohen, MPA, MBB**, principal and senior analyst for The Frank Cohen Group in Clearwater, Fla. "Nearly 80% of the new edit pairs were defined by the policy statement "CPT® Manual or CMS manual coding instructions."

Historically, CCI develops its coding conventions based on

- The American Medical Association's (AMA's) Current Procedural Terminology (CPT®) manual;
- National and local policies and edits;
- Coding guidelines developed by national societies;
- Analysis of standard medical and surgical practice; and
- Review of current coding practice.

Watch out for E/M and Allergy Code Bundling

If you are looking at reporting any codes from the code range, 95115-95180, for allergy immunotherapy services and procedures along with E/M codes for the same session, don't forget to check the latest CCI bundles. According to CCI 20.1, you should consider E/M codes bundled into the codes for allergy immunotherapy services. These edits have a modifier indicator of '1.' This means you cannot report the E/M code unless you unbundle the code using a suitable modifier, such as 25 (Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service) with the E/M code. Make sure you have supporting documentation.

Some of the E/M codes that face this bundling with allergy immunotherapy codes include:

- Office/outpatient and inpatient problem-oriented E/M codes (99201-99239)
- Consultation codes (99241-99255)
- New or established patient emergency department services (99281-99285)
- Critical care codes (99291-99292)
- Nursing care codes (99304-99316)
- Domiciliary, rest home, or custodial (assisted living) care codes (99324-99337)
- New or established home visit codes (99341-99350)
- Prolonged services codes (99354-99359)
- Care plan oversight code (99374-99378)
- Preventive medicine services (99381-99420)
- Interprofessional consultation codes (99446-99449)
- New born care codes (99460-99486)
- Complex chronic care coordination services
- (99487-99489)
- TCM codes (99495-99496).

Coding tip: If the evaluation of the patient was directly related to the allergy immunotherapy service or procedure performed, you cannot unbundle the code using a modifier. In other words, "a patient is evaluated before the allergen injection to ensure that there are no contraindications to administering the injection," says **Carol Pohlig, BSN, RN, CPC, ACS**, senior coding and education specialist at the University of Pennsylvania, Department of Medicine in Philadelphia. "Additionally, the patient is monitored for a period of time post-injection to assess for any reactions. Neither of these evaluations can be separately billed."

However, if the E/M service was separate and significant and was in no way related to the allergy immunotherapy, you can unbundle the code by appending the modifier to the E/M code. Provide adequate documentation supporting the services performed to enable payment for both the codes.

Example: Your pulmonologist assesses a patient suffering from severe pain and fever due to a peritonsillar abscess (475; J36 in ICD-10), and the patient receives her scheduled bimonthly series of allergy immunotherapy for allergic rhinitis due to dander (477.2; J30.81 in ICD-10). Your pulmonologist performs and documents a level-three E/M service.

You may report 95115 (Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection) and 99213 (Office or other outpatient visit for the evaluation and management of an established patient...) along with the modifier 25 appended to 99213.

Since your pulmonologist evaluated the patient for a problem that was not in any way related to the allergy immunotherapy, you are justified in using a modifier to unbundle the codes and claim compensation for both the codes.

Reminder: CCI 20.1 also has introduced bundles between some of the above mentioned E/M codes and codes for allergy testing procedures, 95004-95071. So, if you are planning to report a code such as 95070 (Inhalation bronchial challenge testing [not including necessary pulmonary function tests]; with histamine, methacholine, or similar compounds) or 95071 (...with antigens or gases, specify) with an E/M code, don't forget to check CCI for bundling. As you do with allergy immunotherapy codes, you can unbundle the codes by appending the modifier 25 with the E/M code, when appropriate.

Capture Only One Code For Chest Wall Oscillation

CPT® 2014 saw the introduction of a new code for mechanical chest wall oscillation, namely, 94669 (Mechanical chest wall oscillation to facilitate lung function, per session). You report this code when your pulmonologist or a respiratory therapist performs this procedure to facilitate lung function. CCI 20.1 has introduced edits to this code with other codes for chest wall oscillation including:

- 94667 (Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation)
- 94668 (...subsequent).

Heads up: The above mentioned code bundling has the modifier indicator of '0.' When codes are bundled with this modifier indicator, you cannot unbundle the codes under any circumstances. This means you cannot report 94669 with the other two codes for the same patient on the same calendar date of service.

Don't Report Drainage Codes With 49405

CCI 20.1 has another set of edits that do not allow you to report pleural drainage and thoracentesis codes with the CPT® code for image guided catheter collection code, 49405 (Image-guided fluid collection drainage by catheter [e.g., abscess, hematoma, seroma, lymphocele, cyst]; visceral [e.g., kidney, liver, spleen, lung/mediastinum], percutaneous). According to the edits, 49405 forms the column 1 code for the edits with these thoracentesis and pleural drainage codes:

- 32554 (Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance)
- 32555 (...with imaging guidance)
- 32556 (Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance)
- 32557 (...with imaging guidance)

Caveat: These above mentioned set of edits with 49405 carry the modifier indicator '1,' which means that you can

unbundle the codes if a modifier is used with the code range, 32554-32557. However, you can only unbundle the codes if the two drainage procedures were performed in two different sites or separate sessions. One of the modifiers that you could use with the column 2 code is 59 (Distinct procedural service).Others include 58, 78, 79, LT or RT. Make sure your documentation supports this modifier use.