

## Part B Insider (Multispecialty) Coding Alert

### Quick Quiz: Test Your Grasp of New, Updated Urology Codes and Bundles

5 questions help you get a grip on CPT 2007's changes and the latest NCCI edits

Still trying to digest all the changes from CPT 2007 and National Correct Coding Initiative (NCCI), version 13.0? This quiz will help you determine whether you're on the right track with the new codes and bundles.

**Question 1:** Your physician documents that he performed a cystourethroscopy and obtained three biopsies. How should you report this procedure from two different sites?

A. 52204 B. 52204 x 2 C. 52204 x 3 D. 52224 E. 52310

**Question 2:** A physician performs a circumcision on a 1-year-old patient using a C-clamp after administering a dorsal penile block. Which code(s) should you report?

A. 54150 B. 54150 and 64450 C. 54150-52 D. 54152 E. 54160

**Question 3:** You code for a group practice with three different office locations. A patient sees one of your practice's urologists at one office for a complaint of trouble urinating. Two years later, the same patient sees another urologist in your group practice at a different office for a different problem. Should you report a new or established patient encounter for the second service?

**Question 4:** Your physician performs a radical nephrectomy and an extended lymphadenectomy during the same operative session. Which code(s) should you report?

A. 50230 and 38562 B. 50230 and 38564 C. 50230 and 38747 D. None of the above

**Question 5:** Your physician performs a vaginal examination, removes a vaginal foreign body, and performs an open abdominal revision of a vaginal graft during one operative session. How should you report these services?

A. 57296 B. 57296 and 57410 C. 57296, 57410 and 57415 D. None of the above

**Take a look:** Check your answers below to see if you've got a handle on the latest round of coding changes from CMS and NCCI.

**ANSWERS: Answer 1: A.** As of Jan. 1, you should be reporting 52204 just once regardless of the number of biopsy sites or how many biopsy specimens your urologist obtains.

**Answer 2: A.** CPT 2007 revised the description of 54150 to include the nerve block. Therefore, you should not report 64450 in addition to 54150. CPT 2007 deleted code 54152 and instructs you to use 54150 for all non-surgical circumcisions, regardless of age. You would use 54160 for a surgical circumcision of a patient who is 28 days of age or younger.

**Answer 3: Established.** Regardless of the fact that the encounters took place at separate locations and involved separate urologists or different problems and diagnoses, because the physicians are of the same specialty and billing under the same group number, the -three-year rule- applies.

**Answer 4: C.** As of Jan. 1, you can't report lymphadenectomy codes 38562 and 38564 when your urologist performs a radical nephrectomy (50230) and an extended lymphadenectomy.

These new bundles have a modifier indicator of -0,- meaning that these edits cannot be bypassed or broken with any modifier. Therefore, if your urologist does perform an extended lymphadenectomy at the time of the radical nephrectomy, you should report 50230 and +38747 to indicate that the physician performed an extended node resection.

**Answer 5: A.** NCCI 13.0 bundles several codes into 57296, including the codes for vaginal examination and removal of vaginal foreign body (57400-57415). Therefore, you should only report 57296 in this scenario. These edits have a modifier indicator of -1.- This means you can override the edits by reporting both codes with a modifier, such as modifier 59, appended to the bundled code, and expect to be paid on both under the proper clinical circumstances.

Answers reviewed by **Morgan Hause, CCS,CCS-P**, privacy and compliance officer for Urology of Indiana LLC, a 31-urologist, 2-urogynecologist practice in Indianapolis.