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BY AAPC

Part B Insider (Multispecialty) Coding Alert

RADIOLOGY: NG Feeding Tube Bundled With Dozens Of Radiology Codes

CMS agrees to leave balloon angioplasty alone

Heads up, radiologists: Some of your most valuable new codes will receive extra attention from the Correct Coding Initiative (CCI).

CCI 12.0 will bundle 37202 (Transcatheter therapy, infusion other than for thrombolysis, any type) with some new codes for kyphoplasty, endovascular repair of descending aorta and renal pelvis catheterization, among others.

This infusion code has nothing to do with post-operative pain management, so there's no reason to bundle it with surgical codes, complained the **American College of Radiology** in a letter to the **Centers for Medicare & Medicaid Services.** But CMS countered that less "knowledgeable coders" might mistakenly use 37202 for post-op anesthesia.

CCI 12.0 bundles naso-oral gastric (NG) tube code 43752 into 88 different codes on the grounds that surgical codes usually include a feeding tube. The ACR objected to CMS bundling 43752 with some new codes, including two kyphoplasty codes, four codes for endovascular repair of descending aorta and three mechanical thrombectomy codes. The ACR said these new codes weren't valued as including NG tube placement.

CMS responded that since Jan. 1, 2004, every anesthesia code and every surgical code with a global period has been bundled with 43752. But CMS agreed to allow you to use a modifier to override those edits, in case there's a good reason to bill for an NG tube separately.

CMS will not go ahead with some edits that would have bundled balloon angioplasty codes 61630 and 61635 with some codes for CT, magnetic resonance and ultrasound guidance. The ACR convinced the agency that the angioplasty codes only include fluoroscopic guidance, not other kinds.

CMS will also scrap some edits that would have bundled neutron radiation treatment delivery codes 77422-77423 with intravenous infusion codes 90760 and 90765. Those edits wouldn't have allowed a modifier.

However, CMS decided to go ahead with edits making 77422-77423 mutually exclusive with electron radiation treatment delivery codes 77401-77416. Many edits prevent you from billing more than one type of radiation treatment, but CMS will allow you to use a modifier if your patient really needed both neutron and electron radiation.

The ACR agreed with CMS that carotid stent codes 37215-37216 and transcatheter placement code 0075T should include brachiocephalic angioplasty codes 37458 and 37475.You will be able to use a modifier to override those edits, however.

CCI 12.0 bundles radiology codes 77261-77295, 77300-77370, 77416-77418 and 77422-77423 with all of the emergency department services codes and critical care services codes. (See PBI, Vol. 6, No. 44.)

But the new CCI edits also make a large number of codes into components of these 27 radiology codes, and you won't be able to use a modifier to override those edits. The components of these radiology codes include venipuncture code 36425, bladder catheterization codes 51701-51703 and home visit 99341-99350, among others.

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