

Eli's Rehab Report

NCCI 10.0 Bundles Nerve Blocks With Most PM&R Codes

Medicare considers pretherapy injections nonreimbursable

The latest version of the National Correct Coding Initiative (NCCI) perpetuates the trend of bundling nerve blocks into the PM&R codes - and this time, the new injection codes 64449 and 64517 are under scrutiny.

The NCCI version 10.0 (effective from Jan. 1 through March 31) makes official what most PM&R coders already anticipated: If you must perform pain-management injections simply so your patients are comfortable enough to undergo a therapy regime, Medicare will not reimburse you for the injection.

Medicare bundles **CPT 64449** (Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter [including catheter placement] including daily management for anesthetic agent administration) and 64517 (Injection, anesthetic agent; superior hypogastric plexus) into most of CPT's PM&R codes. The edits feature a "1" indicator, however, so you can append a modifier to separate the services if you perform the injection and PM&R service during separate and distinct procedures.

"These nerve blocks pay between \$145 and \$200 where I am, so it will hurt to write these off," says **Joni Atanaski**, office manager at Gate Rehab, a two-physician practice. "We treat a lot of postsurgical patients who have trouble walking during the first part of their rehab, so we intend to use 64449 a fair amount as pain management before our therapist sees the patient."

Don't Report Therapy Evaluation With 96111

The NCCI will now deny the following therapy evaluation services if you report them with 96111 (Developmental testing; extended [includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, e.g., Bayley Scales of Infant Development] with interpretation and report, per hour):

1. 97001 - Physical therapy evaluation
2. 97002 - Physical therapy re-evaluation
3. 97003 - Occupational therapy evaluation
4. 97004 - Occupational therapy re-evaluation.

"Some of our physicians perform developmental testing on our pediatric patients with cystic fibrosis or muscle spasms," says **Tom Gale, PT**, a therapist in Baton Rouge, La. "I suppose Medicare thinks it would be redundant for the therapist to put his two cents in on the patient's development as well."

Because the edit carries a "0" indicator, you cannot report these services on the same date, even if you append a modifier.

For a complete listing of the new NCCI edits, visit the CMS Web site at <http://www.cms.hhs.gov/physicians/cciedits/default.asp>.