

Eli's Rehab Report

NCCI Serves Up New Edits for PM&R Practices

Thanks to version 9.2 of the National Correct Coding Initiative (NCCI), which took effect July 1, PM&R coders will have to update their injection and speech therapy billing practices to accommodate a few new bundles.

The NCCI now bundles several injection procedures abscess and hematoma drainage (10060-10061, 10140-10160) carpal tunnel (20526), ligament (20550) and trigger point (20552-20553) and fluoroscopy (76000-76003) into 20612 (Aspiration and/or injection of ganglion cyst[s] any location).

Although this edit is officially new, many carriers already bundle several injection codes into [CPT 20612](#). A local medical review policy (LMRP) issued by Empire Medicare, a Part B carrier for New York and New Jersey, states, "Injection of separate sites (tendon sheath, ligament or ganglion cyst) during the same encounter should be reported on a separate line of coding and must have the modifier -59 (Distinct procedural service) appended."

The codes that NCCI bundles into 20612 feature a status indicator of "1," which means the NCCI agrees that you can use modifier -59 to override bundling if the injections are unrelated.

"The only reason a coder would ever report both the ganglion cyst injection (20612) and an injection such as trigger point (20552-20553) is if the patient suffered from two separate conditions or required the injections at separate sites," says **Heather Corcoran**, coding manager at CGH Billing Services, a medical billing firm in Louisville, Ky.

In these situations, Corcoran says, you should report both 20612 and 20552 (or 20553)-59.

Speech Therapy Service Bundled

The NCCI also instituted new edits that bundle speech therapy services. NCCI now considers both 74210 (Radiologic examination; pharynx and/or cervical esophagus) and 74230 (Swallowing function, with cineradiography/videoradiography) to be components of the radiologic speech evaluation code 70371 (Complex dynamic pharyngeal and speech evaluation by cine or video recording). PM&R practitioners often use these tests to assess speech and swallowing problems for patients who have had a stroke or traumatic brain injury.

But the new bundle won't have shock waves reverberating through the PM&R coding community. "Our carrier has never allowed us to report both the swallowing function code (74230) and the speech evaluation code (70371) for the same patient on the same date," says **Laurie Susanne Dryer, SLP**, a speech-language pathologist in Miami.

Most LMRPs state, "HCPCS codes 70370, 70371 and 74230 describe complete procedures and should not be billed more than one time on the same patient on the same day. Only one of the stated procedure codes should be billed per patient per day."