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Eli's Rehab Report

New CCI Edition Bundles 64416 into Most Orthopedic Codes

Version 9.0 of the Correct Coding Initiative (CCI), which took effect on Jan. 1, bundles 64416 (Injection, anesthetic agent; brachial plexus, continuous infusion by catheter [including catheter placement] including daily management for anesthetic agent administration) into most musculoskeletal system procedure codes (20000-29999).

The new code 64416 is a component of most musculoskeletal surgical codes, including the bursa injection codes 20600* (Arthrocentesis, aspiration and/or injection; small joint or bursa [e.g., fingers, toes]), 20605* (... intermediate joint or bursa [e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa]) and 20610* (... major joint or bursa [e.g., shoulder, hip, knee joint, subacromial bursa]). The "1" indicator following the edit, however, indicates that you can report both codes with modifier -59 (Distinct procedural service) appended to the second code listed, if both services are medically necessary.

For instance, suppose the physiatrist administers a continuous nerve block into the patient's brachial plexus for pain management following hand surgery. She then performs a bursa injection into the patient's ankle to treat Achilles bursitis. In this scenario, you should report 64416 with the ICD-9 code for the hand condition, followed by 20610-59 linked with 726.71 (Achilles bursitis or tendinitis).

CCI 9.0 also bundles 20551 (Injection[s]; tendon origin/insertion), 20552 (Injection[s]; single or multiple trigger point[s], one or two muscle[s]) and 20553 (Injection[s]; single or multiple trigger point(s), three or more muscles) into radiological service codes 72240 (Myelography, cervical, radiological supervision and interpretation), 72265 (Myelography, lumbosacral, radiological supervision and interpretation) and 72295 (Diskography, lumbar, radiological supervision and interpretation).

"I'm not certain that the same physician specialty would perform both the diagnostic imaging study and the trigger point injection, so these edits shouldn't affect too many practices," says **Cindy C. Parman, CPC, CPC-H, RCC,** president of Coding Strategies Inc., a medical reimbursement consulting firm in Dallas, Ga. "Also, the CCI bundles 76003 (Fluoroscopic guidance for needle placement [e.g., biopsy, aspiration, injection, localization device]) into 20552 and 20553. Although CCI's reasoning for the edit ("anesthesia included in surgical procedure") is vague, it probably instituted the edit because imaging guidance is not necessary for these injections."

Finally, CCI bundles the PM&R codes 97002 (Physical therapy re-evaluation), 97004 (Occupational therapy re-evaluation) and 97032 (Application of a modality to one or more areas; electrical stimulation [manual], each 15 minutes) into the new temporary HCPCS codes G0281 and G0283, which describe unattended electrical stimulation for wound care as part of a therapy plan.

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