

## Eli's Rehab Report

### News Brief: CCI Edits Bundle Some Anesthesia Procedures With Injections and E/M

CCI 7.3, which was released in October and affects claims billed through the end of 2001, includes several additions to the comprehensive codes section that can affect PM&R billers. CMS will reject codes for the following anesthesia procedures when submitted with most injection and E/M codes:

#### Component Anesthesia Codes

[CPT 00635](#) anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture

01215 anesthesia for revision of total hip arthroplasty

01951 anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for total body surface area treated during anesthesia and surgery; less than one percent of total body surface area

01952 anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site; one percent to nine percent total body surface area.

#### Comprehensive Codes

The above anesthesia codes will now be denied when submitted with any of the following procedure codes: 62280-62284, 62310-62319, 64400-64470, 64475, 64479, 64483, 64505-64530 and 90782-90788. In addition, the anesthesia codes noted above will also be denied when billed with any E/M codes.