

Eli's Rehab Report

News You Can Use: Push for Coding Accuracy When Providing IV Pushes

NCCI 11.1 slams nerve block codes with component G codes

If your physical medicine and rehab (PM&R) provider administers IV medications during procedures, you'll have to double-check what codes to report. The bulk of PM&R-related National Correct Coding Initiative (NCCI) edits in version 11.1 deal with sequential IV pushes in relation to anesthetic nerve blocks.

Remember: Nonmutually exclusive edits pair codes for two services that physicians often perform during the same session. NCCI lists one code as the comprehensive procedure, meaning it's the more global service. The second code of the pair is a component of the first, which means only in certain circumstances can you charge for both services.

NCCI version 11.1 lists codes such as G0354 (Each additional sequential intravenous push [list separately in addition to code for primary procedure]) as a component of all anesthesia procedures, including the introduction/injection of anesthetic agent (nerve block), diagnostic or therapeutic series 64400-64530.

Occasionally coders think some NCCI edits don't make sense, but they understand the need for this one. "Including G0345 with the anesthesia codes sounds right," says **Barbara Johnson, CPC, MPC**, president of Real Code Inc., in Moreno Valley, Calif.

Note: G0354 is now a component code to [CPT 95857](#) (Tensilon test for myasthenia gravis), 95858 (...with electromyographic recording), and 95875 (Ischemic limb exercise test with serial specimen[s] acquisition for muscle[s] metabolite[s]).

Other component codes now associated with 95857, 95858 and 95875 are G0351 (Therapeutic or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular) and G0353 (Intravenous push, single or initial substance/drug).

NCCI version 11.1 went into effect April 1. To see a complete list of edits, visit the CMS Web site at www.cms.hhs.gov/physicians/cciedits/default.asp.