

Eli's Rehab Report

Say Goodbye to 5 Bundles Breaking Your Bank

Here's how modality and central motor evoked potential studies fared in NCCI 11.0

Need relief from the National Correct Coding Initiative's latest onslaught of edits? Strike out these five deletions for modality services, plus one surprise deletion.

Modality services codes 97034-97036 no longer include the following services, which means you can start billing separately for each today:

1. [CPT 97018](#) - Application of a modality to one or more areas; paraffin bath
2. 97020 - ... microwave
3. 97022 - ... whirlpool
4. 97024 - ... diathermy
5. 97026 - ... infrared.

Plus: You can now separately report 20550 (Injection[s]; single tendon sheath, or ligament, aponeurosis [e.g., plantar "fascia"]) and 29540 (Strapping; ankle and/or foot) - thanks to NCCI, version 11.0.

The bad news: Be careful when you report central motor evoked potential studies for upper limbs (95928) or lower limbs (95929) with most orthopedic and neurosurgical codes. NCCI 11.0 makes both codes components of a whopping 472 comprehensive codes - including 57 codes from the musculoskeletal system surgery section and 410 from the nervous system surgery section.

Also beware that the majority of these edits have been assigned a status indicator of "0," which means there's never a good, or acceptable, reason to use a modifier to override these bundles.

But there's no reason to fret, yet. Physical therapists don't use codes from the 20000 and 60000 code ranges, so this edit is unlikely to affect an individual PT practice, says **Ellen Strunk**, a physical therapist at Restore Physical Therapy Services in Pelham, Ala. "But it might affect a physician's practice if they employ a PT," she says.