

## Eli's Rehab Report

### Survive NCCI 9.3: Fluoroscopy Bundles Into Joint Injections

The latest version of the National Correct Coding Initiative (NCCI) perpetuates the trend of bundling fluoroscopic guidance into more comprehensive procedures, and this time joint injections are under the microscope.

#### 76001 Bundles Into 20605-20610

NCCI version 9.3 now bundles 76001 (Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician [e.g., nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy]) into the joint injection codes 20605\* (Arthrocentesis, aspiration and/or injection; 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 fluoroscopy codes specifically refer to "physician time," says **Cindy C. Parman, CPC, CPC-H, RCC**, co-owner of Coding Strategies Inc. in Dallas, Ga. Therefore, if a physiatrist performs the injection but a radiologic technologist performs fluoroscopic guidance, the physiatrist could not report the professional component of the fluoroscopy. In addition, 76001 refers to more than an hour of fluoroscopic guidance, which would be quite rare for most simple joint injections.

#### Avoid 90862 With Nursing Facility Discharges

The new version of NCCI also bundles the medication management code 90862 (Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy) into the nursing facility discharge codes 99315 (Nursing facility discharge day management; 30 minutes or less) and 99316 (... more than 30 minutes).

This edit should affect your practice only if you erroneously report 90862 for standard medication counseling when patients are discharged from nursing facilities. The nursing facility discharge codes include the physiatrist's time advising patients about medication instructions. If your practice separately reported 90862 for these services, you were coding incorrectly, and the NCCI edit only makes that mistake more official.

According to the local medical review policy (LMRP) for National Heritage Insurance Company, a Part B carrier in five states, "Some providers are billing this service (90862) when the documented service is dispensing of oral medications or administration of injections. This procedure code refers to the in-depth management of psychopharmacologic agents by a clinician licensed to prescribe, including prescription use, and review of medication with no more than minimal psychotherapy."

#### Finally, NCCI Offers Deletions

The NCCI edits do offer some good news: Physical performance testing (97750, Physical performance test or measurement [e.g., musculoskeletal, functional capacity], with written report, each 15 minutes) is no longer bundled into therapy codes 97110-97124. If you provide these skilled therapy services as part of a treatment plan and you perform separate and distinct physical performance testing on the same day, you can report both services to Medicare without appending any modifiers.

Remember that anytime you report 97750, you must include a written report of your exam results in your patient's file. You cannot bill separately for writing the report, because this is included in the reimbursement for the testing.

The NCCI 9.3 edits will remain in effect from Oct. 1 through Dec. 31.

