

Outpatient Facility Coding Alert

CCI Update: New OPSS Edits Introduce Pairs for Fluoro with Tunneled Caths

CCI 18.1 changes went into effect April 1, with only 362 total additions and 6 deletions. All new code pairs are classified as non-mutually exclusive, meaning the services could be performed during the same patient encounter - but one code represents a procedure that's part of the other code.

Read on for a few of the new edits you'll be interested in from an outpatient coding perspective.

Catheter check: If you code for tunneled catheter implantation or revision, don't automatically report the fluoroscopic guidance the physician might use. CCI clarifies that 77003 (Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures [epidural, or subarachnoid]) is a component of three common catheter codes:

- 62350 - Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
- 62351 - ... with laminectomy
- 62355 - Removal of previously implanted intrathecal or epidural catheter.

Each edit pair carries a modifier indicator of "1," with the explanation "Standards of surgical practice." You can potentially append a modifier (such as modifier 59, Distinct procedural service) with adequate documentation (such as a separate operative session on the same date of service) and bypass the CCI edit for that code pair.

New codes 36251-36254 (representing selective or superselective catheter placement in the main renal artery and any accessory renal artery[s] for renal angiography, including arterial puncture and catheter placement[s], fluoroscopy, contrast injection[s], image postprocessing, permanent recording of images, radiological supervision and interpretation, and flush aortogram) are the comprehensive components in several edits with blood vessel repair. Choose from 36251-36254 instead of reporting:

- 35231 - Repair blood vessel with vein graft; neck
- 35236 - ... upper extremity
- 35256 - ... lower extremity
- 35261 - Repair blood vessel with graft other than vein; neck
- 35266 - ... upper extremity
- 35286 - ... lower extremity.

The edits all carry a modifier indicator of "1" based on CPT® or CMS Manual coding instructions.

Other edit pairs representing neuroplasty, lesion excision, and synovectomy might also apply to your facility. Search the complete CCI 18.1 report at <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html>.