

Outpatient Facility Coding Alert

Reader Question: Edits Apply for Both Inpatient and Outpatient Surgeries

Question: Are CCI edits applied the same way when we're coding professional services for inpatient versus outpatient surgery? For example, are 38571 and 44180 are bundled into 51597 per CCI Edits regardless if the patient inpatient or outpatient?

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Answer: Yes, you are correct. Both hospitals and physicians now use the same version of CCI edits, so there is no material difference in how the edits are applied. Codes 38571 (Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy) and 44180 (Laparoscopy, surgical, enterolysis [freeing of intestinal adhesion] [separate procedure]) are bundled into 51597 (Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof) regardless of whether the procedure is performed as an inpatient or outpatient surgery.

Double check: In the past, the CCI edits for hospital outpatient services were one quarter behind the physician edits, so check the timing of the edits you're questioning.

Also: Because you're asking about coding for professional services, the CCI edits will apply wherever the services are provided.