CCI 19.3 Updates

Tips, Examples & Tools
to Master the Last Quarter Changes
& Stay in Compliance

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Date: November 14, 2013
12 PM ET
Agenda

• Master the latest CCI version (19.3) – 1,276 new edit pairs have been added; know what’s in to prevent denials & what’s out to capture retroactive pay!
  • Cardiology: New temporary pacemaker edits
  • Watch out when billing discharge, E/M on the same day
  • Apply numerous digestive system procedure edits
  • Take care with esophageal procedure edits
  • Beware enterectomy/colectomy bundles
  • CCI suspends edits bundling 92012, 92014 into hundreds of procedures
  • Reporting telehealth pharma management with psychiatry codes? Not so fast
  • Urology practices should avoid 57410 with 49203-49205

• Compare CCI 19.2 to 19.3
• Focus your bundling/unbundling skills for clean claims and maximum correct pay
• Avoid payment-threatening CCI confusion
• Get examples of new CCI edits
• Know the tools to master code, CCI, fee, and modifier changes to stay in compliance throughout the year
CCI 19.3 Updates: Summary of Changes

The last round of Correct Coding Initiative Edits for 2013 brings 1,276 new edits and contains some real surprises:

✓ The previous release (CCI 19.2) contained almost 300,000 new code pairs.
✓ CMS had a change of heart on over 10,000 of those edit pairs. For the October 1 release, CMS decided to remove them from the active pair list.
✓ Of the 10,580 edit pairs that were put into the terminated column, nearly all of them were terminated retroactive to July 1, 2013.
What it means to you:

✓ If you decided not to bill for the code pair because it was on the active list, you didn’t get paid for something that should have been paid.

✓ If you did bill for the prohibited code pair and were denied payment, then you also didn’t get paid for something that should have been paid.

✓ Either way, this kind of slip-up creates chaos and adds to the cost of the claims process.
Some Highlights

- Mutually Exclusive edits pairs added – 58
- Non-Mutually Exclusive edits pairs deleted – 13
- Out of 81 Modifier changes in 19.3, for 7 pairs, the modifier indicator has changed from 0 to 1
CCI 19.3 is going to affect payment for thousands of CPT® codes in a big way!

Complying with the edits and analyzing them every quarter is a major time and financial burden for coders, billers, and physician practices.

You need to be updated with the 19.3 changes in order to get proper payments.
This webinar will cover key changes in CCI 19.3 and help you learn the edits you need to know to ensure your practice does not fall victim to denials and improper payments during the last and crucial quarter of 2013.
CCI 19.3

Let’s dive in!
Watch Out When Billing Discharge, E/M on the Same Day Thanks to New CCI Edits

Take Note of This E/M, Discharge Service Change

- As of October 1, you will see that CCI no longer bundles 99239 into the E/M codes 99201-99203 and 99211-99214.

- **RED FLAG:** CCI 19.3 adds new edits bundling 99201-99203 and 99211-99214 INTO 99239. Column swap!

- The edits have a modifier indicator of 0 (zero), so you may not override the edit.
Include These Procedures Into 51925

You can no longer report a slew of procedures in addition to 51925 (Closure of vesicouterine fistula; with hysterectomy). The new bundled procedures are:

- **57530**, Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
- **58140**, Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach
- **58146**, Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach
- **58545**, Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas
- **58546**, Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g
New Temporary Pacemaker Edits

For cardiology (Pacemakers), you’ll want to watch these areas:

CCI 19.3 adds 18 new edits with 33211 in the column 2 position and 17 new edits with 33210 in column 2.

The column 1 codes are all related to permanent cardiac device services and have a modifier indicator of 0 (zero). The 0 means you can’t override the edit with a modifier.

The column 1 codes include:
- Pacemaker pulse generator insertion: 33212-33213, 33221
- Cardiac device pocket relocation: 33222-33223
Column 1 Codes

- Left ventricle pacing electrode insertion: 33225
- Pacemaker pulse generator removal/replacement: 33227-33229
- ICD pulse generator insertion: 33230-33231
- Pacemaker pulse generator removal: 33233
- Pacing cardioverter-defibrillator pulse generator insertion: 33240
- Pacing cardioverter-defibrillator pulse generator removal: 33241
- Pacing cardioverter-defibrillator pulse generator removal and replacement: 33262-33264.

The additional edit for 33211 is a new edit bundling 33211 into 33506. CCI already has an edit in place bundling 33210 into 33506.
TAVR (Trans Aortic Valve Replacement) Sees New Edits, Too

Alert your transcatheter aortic valve replacement (TAVR) team that CCI also adds edits for 33365 bundling in these codes:

- **32100**, Thoracotomy; with exploration
- **32556**, Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance
- **32557**, Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance.

These codes have a modifier indicator of 1, so you may override the edit with a modifier when appropriate.
Additionally, the edit for 33365 and 33140 (Transmyocardial laser revascularization, by thoracotomy; [separate procedure]) saw a modifier indicator change. Before, the edit had a modifier indicator of 1, so you could override the edit. As of Oct. 1, it has an indicator of 0, so you may never override the edit.
Get Ready for Numerous Digestive System Procedure Edits

Don’t get too excited about the many surgical procedure edit pairs deleted in CCI 19.3.

✓ Although the latest version contains some real surprises, many of them won’t make you happy.

✓ For instance: Of the nearly 30 deleted edit pairs of digestive system (CPT® 40000 level) codes, almost all make an appearance as new CCI 19.3 edit pairs under a different guise. And the change will be worse for you — with many code pairs changing to modifier indicator “0,” meaning no override allowed.
Take Care with Esophageal Procedure Edits

CCI 19.3 limits how you can report many esophageal procedures in the range 43107-43124.

That includes total or near total esophagectomy (43107-43113) and partial esophagectomy (43166-43123).

You’ll find each of the codes in the range 43107-43124 bundled with many of the other codes in the range, as well as with 38746.

Of the 34 new bundles relating to these codes, seven edit pairs are among those deleted in this update. The difference is that the new edit pairs switch which is the column 1 and column 2 code, and change the modifier indicator from “1” to “0.”
Beware Enterectomy/Colectomy Bundles

- You need to pay attention to the latest CCI update if you bill for enterectomy procedures in the range 44120-44133.
- CCI bundles many of these codes with each other, and with +44203.
- The 44120-44133 codes are for open procedures, so you should reserve +44203 to report laparoscopic small intestine resections in addition to the primary lap procedure, 44202.
Colectomy too:

- You’ll also find many new edit pairs for colectomy procedures 44140-44160.
- CCI 19.3 also bundles lap enterectomy and colectomy codes 44202-44212 with each other.
- As with the esophageal codes, many of the new edit pairs are really deleted edit pairs under a new guise.
- Eighteen of the 64 new enterectomy/colectomy bundles pair the same two codes that are part of CCI 19.3 code deletions.
- Again, the new edit pairs swap column 1 column 2 positions and change the modifier indicator to “0,” in many cases.
Don’t Miss Appendix Additions

Don’t report various appendectomy codes together because they’re mutually exclusive. That’s the word from CCI 19.3, which bundles codes in the range 44950-44970.
CCI Suspends Edits Bundling 92012, 92014 Into Hundreds of Procedures

Claims processing problem prevented modifier 25 from unbundling procedures

✓ The edits bundling CPT® codes 92012 and 92014 into hundreds of procedure codes are suspended retroactively to July 1, 2013.

✓ On that date, CCI 19.2 bundled those two ophthalmological services codes, along with most of the E/M codes into CPT® codes describing surgical services with global periods of 0, 10, or 90 days.
However, many AAO members complained that appending modifiers 24 and 57 was not bypassing the edits as it should.

**Why?** CMS has determined that there is an electronic claims processing problem that is not allowing modifier 25 to bypass these NCCI edits.

- The Multi-Carrier System “inauditently omitted 92012 and 92014 from the E/M range of 99201-99499 and is not allowing the use of separately billed modifiers 25, 24, and 57.
- This is causing claims to deny inappropriately when the modifiers are appended to these procedure codes.

Until it can sort out the claims processing problem, CCI is suspending these edits affecting 92012 and 92014.
Urology Practices Should...

1. Avoid 57410 with 49203-49205

CCI 19.3 bundles open excision of abdominal and retroperitoneal tumors — codes 49203-49205 with the following column II codes:

- 57410
- 50722
- 50725

- The bundles between 49203-49205 and 57410 have a modifier indicator of “0,” meaning the edits can never be broken with any modifier.
- The 49203-49205 bundling with 50722 and 50725, however, have a modifier indicator of “1.”
2. Tap Modifier 59 for New 52346 (Cystourothroscopy with tmt of intra renal stricture) Bundles when appropriate

You will also find column one codes 52352-52355 now bundle column two code 52346. These edits have a modifier indicator of “1.”
3. Don’t Forget to Update Your Deletions

Urology practice also should take note of these deletions:

CCI 19.3 deletes the bundling edits of column one code for pelvic exenteration (51597) with column two codes for colonic conduit formation (50815) and and ileal conduit formation (50820).
Reporting Telehealth Pharma Management with Psychiatry Codes? Not So Fast

- If you’re using the new-in-2013 HCPCS code **G0459** for telehealth pharmacological management, tread carefully.
- **CCI 19.3** bundles this code with many of the codes normally used in psychiatry practices.
- **Don’t Report** **G0459** with These Codes
  - 90791-90792
  - 90832-90838
  - 90839-90840
    - 90845
    - 90847
    - 90849
    - 90853
    - 90865
Red flag: In addition to these psychiatry codes, you are not allowed to report Go459 with some other G codes that you may report. Some of the G codes that are now bundled with this telehealth code as per CCI 19.3 include:

- Go409
- Go410
- Go411
- Go438
- Go439
Additional E/M bundling:

Apart from bundling G0459 with psychiatry codes, CCI 19.3 also bundles this code with E/M codes that you will normally use. So, you cannot report G0459 if you are also reporting any of the following E/M codes for the same session.

- 99211-99239
- 99281-92285
- 99291-99292
- 99304-99318
- 99324-99337
- 99341-99350
- 99466
- 99468-99476
- 99477-99480
- 90863
Some more highlights...

- Nerve block codes 64400-64530 and radiology codes in the 77261-77790 range all have new edits with pharmacology management code G0459, none of which may be overridden by a modifier.

- Most molecular pathology codes from 81161-81408 are the comprehensive codes in new edit pairs with spectrophotometry code 84311 and cytogenetics code 88291. These edits may be overridden by a modifier.
CCI bundling edits have had, and will continue to have, a significant impact on your reimbursement.

Keeping pace with the CCI changes every quarter can be difficult, especially if you are juggling several things at the same time.

But understanding and complying with CCI edits can be a lot easier if you have the right resources.
Master CCI 19.3 Changes with a Good CCI Edits Checker

An effective CCI edits checking tool will help you adhere to the quarterly CCI edits and ensure proper payments and compliance with ease.
An online Edits Checker cuts your CCI worries by half!

The CCI checking tool is tied to complete code lookup along with details like RVUs and lay terms. It instantly shows you which codes can be reported together, which cannot, and which allow a modifier.
### NATIONAL CORRECT CODING INITIATIVE (NCCI OR CCI) EDITS

**Entry Method:**
- Auto-tabbed one code per box
- Comma-separated multi code box
- Make it Default

**Version | Date:**
- 19.3 | Oct 1 - Dec 31 - 2013

**Locality:**
- National

**Location:**
- Non-Facility (NF)
- Facility (F)

**CPT® and/or HCPCS Level II Codes:**
- 33227, 33229

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**CCI Check**  
**Clear**

- No CCI edit; Before reporting code, check Medicaid and payer policies.
- CCI edit. NEVER report code
- May use modifier to override CCI edit

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#### Code | Description | Total Nat’l NF | Total Adj NF
---|---|---|---
33229 | removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system

- No CCI edit; Before reporting code, check Medicaid and payer policies.

- CPT® Assistant

- Lay Terms

- My Specialty Coding Alert Related Articles

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Download CCI Check Result
CCI 19.3 Is Here – How to Look Up Code Pair Edits?

To look up the latest edits, simply select the version 19.3- October 1- December 31, 2013, from the drop down box.
How to look up Code Pair Edits

- Then enter CPT® and/or HCPCS Level II codes in the space provided. Separate codes with a comma and click on the CCI Check button to check for your results.

- The tool will instantly show what is bundled, not bundled, and which bundled codes can be over-ridden with appropriate modifiers.

- You get a color-coded description, RVUs, related CPT® Assistant article names, Lay Terms, and more.
Color Coded Messages Make It Easier For Users to Make the Right Coding Decisions

The color-coded system indicates which codes are allowed by CCI to be reported together. Color-coded messages indicate:

**Green**: There is no CCI edit bundling issue. User should still check to ensure the combination is allowed per CPT® and insurer-specific bundling edits.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>33229</td>
<td>removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system</td>
</tr>
</tbody>
</table>

*No CCI edit; Before reporting code, check Medicaid and payer policies.*

*CPT® Assistant*

*Lay Terms*

*My Specialty Coding Alert Related Articles*
**Red:** These codes cannot be billed together in any circumstances.

33227  
removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system

- Code 33227 is a column 2 code for 33229. These codes cannot be billed together in any circumstances.
- Code 33227 is bundled into code 33229. Code 33227 cannot be billed with 33229.
- CCI edit Rule:
- HCPCS/CPT procedure code definition

**Orange:** These codes can be billed together with a modifier provided documentation and clinical circumstances support overriding the edit with a CCI-allowed modifier, such as modifier 25, 57, or 59.

49203  
excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less

- Code 49203 is a column 2 code for 49205, but a modifier is allowed in order to differentiate between the services provided.
- *Use modifier with code 49203
- CCI edit Rule:
- HCPCS/CPT procedure code definition

<table>
<thead>
<tr>
<th>RVU</th>
<th>35.19</th>
<th>35.19</th>
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<tbody>
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<td>$1,197.27</td>
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You may even download the CCI Check Result

Validation Results

<table>
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<th>Code: 33229</th>
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<tr>
<td>Description: removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, multiple lead system</td>
</tr>
<tr>
<td>RVU: Total National Non-Facility RVU: 11.10 ; Total Adjusted Non-Facility RVU: 11.10</td>
</tr>
<tr>
<td>MEDICARE FEES: National Non-Facility Fees: $377.66 ; Adjusted Non-Facility Fees: $377.66</td>
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<tr>
<td>CCI Validation Results:</td>
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No CCI edit. Check CPT coding guidelines to make sure code is allowed.

<table>
<thead>
<tr>
<th>Code: 33227</th>
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<tr>
<td>Description: removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, single lead system</td>
</tr>
<tr>
<td>RVU: Total National Non-Facility RVU: 10.23 ; Total Adjusted Non-Facility RVU: 10.23</td>
</tr>
<tr>
<td>MEDICARE FEES: National Non-Facility Fees: $348.06 ; Adjusted Non-Facility Fees: $348.06</td>
</tr>
<tr>
<td>CCI Validation Results:</td>
</tr>
</tbody>
</table>

Code 33227 is a column 2 code for 33229. These codes cannot be billed together in any circumstances.

Code 33227 is bundled into code 33229. Code 33227 cannot be billed with 33229.
Compare Previous & Current CCI Data

And you can also look back at previous versions of the edits, broken down by quarter, so you can determine if bundling edits were in place at the time you filed your claim.
How to compare CCI edit changes between a code pair?

 ✓ Just open the tool in two windows side by side – open CCI 19.3 in one window (choose 19.3- October 1- December 31, 2013, from drop down box) and CCI 19.2 (or any previous version) in the other.

 ✓ Then put the same code pair(s) in both windows and compare. You’ll get the results instantly.

 ✓ This CCI tool lets you check up to 25 code combinations at one go.
With This Tool, Now You Get Locality, Facility, & Adjusted RVUs Too

✓ See locality RVUs - Check ‘Make it Default’ to simplify seeing your location’s RVUs every time

✓ Sort CPT® codes in descending value order by facility (new!) or non-facility RVUs

✓ See Medicare rate along with CCI edits

✓ Avoid revenue loss even when higher-paying code order varies by location!

✓ See 9 code fields ready for code combo entry
Cuts Edit Checking Time by 94%

The **CCI Edits Checker** checks 10 edits, plus the codes’ Physician Fee Schedule status in 1 check in less than 30 seconds

**COMPARSED TO**

a coder spending 7.5 minutes (30 seconds per check) using CMS NCCI to check a claim with 5 codes -- which requires checking 10 tables and separately checking the codes in the Physician Fee Schedule.
Where can I get one?

The **CCI Edits Checker** feature is available with **SuperCoder’s Fast Coder** and all higher packs.

Other key features on SuperCoder are:

- New, revised, and deleted codes – keyword & code searchable (CPT®, HCPCS, ICD-9, ICD-10, DRG, APC, Modifiers)
- Fee Schedules – 7 in 1
- CPT® - ICD-9 CrossRef
- Modifier Crosswalk (to CPT®/HCPCS)
- LCD & NCD Lookup
- Crosswalk from ICD-9-CM to ICD-10-CM
<table>
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<tr>
<th>Features</th>
<th>Code Search</th>
<th>Fast Coder</th>
<th>Physician Coder</th>
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**Price per year**
- **Code Search**: $99.95
- **Fast Coder**: $199.95
- **Physician Coder**: $399.95

**Price per month**
- **Code Search**: $34.95 per 3 mths
- **Fast Coder**: $24.95 per mth
- **Physician Coder**: $49.95 per mth

**Total AAPC-approved CEUs:**
- **Code Search**: 18
- **Fast Coder**: 18
- **Physician Coder**: 30

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