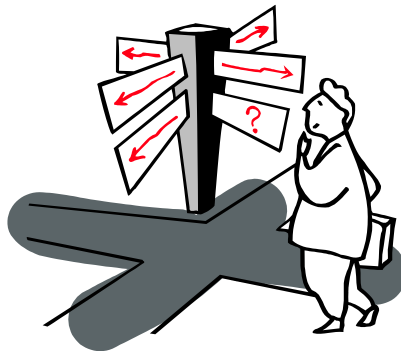
Coding Clues



National Correct Coding Initiative (CCI) 2004 Update

CCI 10.0, latest update inserted 7,904 changes into the National Correct Coding Initiative (CCI). These will become effective January 1, 2004. There are 7,263 new comprehensive-component code edits and 244 new mutually exclusive edits. The majority of the code pair additions occur in the Anesthesia (00000-09999), Respiratory, Cardiovascular (30000-39999) and in the HCPCS code ranges.

Another change is the replacement in CCI of the designations of Comprehensive and Component code columns in the edits. Now they will be referred to as Column 1 and Column 2. The concepts of comprehensive and component still apply but due to provider challenges of individual edits CMS is eliminating the semantics.

Of note for Pediatrics is that lots of E/M codes are bundled into revised inpatient, pediatric, critical care codes 99293 and 99294, inpatient neonatal critical care codes 99295 and 99296, and intensive low birth weight services codes 99298 and 99299.

CCI edits are available on CMS's web page at http://www.cms.gov/physicians/cciedits/. The new 10.0 version will be up by the effective date of January 1, 2004.

HIPAA – Compliant Claims

In a recent report by the Centers for Medicare & Medicaid Services (CMS) they list the top 10 technical and non-technical claims-testing problems.

The top 10 problems listed in the report are:

1. Incorrect PINs
2. Invalid submitter codes
3. Invalid contractor codes
4. Invalid taxonomy codes
5. Invalid characters in data stream (such as an additional letter or period in code)
6. Subscriber data elements (gender) missing
7. Missing/out of order address information
8. Missing phone number for submitter
9. Sending two data "loops" for the same provider

10. Invalid date formats

You can view the report at www.cms.hhs.gov/providers/edi.

Billing E/Ms with procedures

CPT 2004 has eliminated the starred procedure designation. OIG is singling out E/Ms with a modifier –25 for enforcement in 2004. However there are times when it is appropriate to bill for E/Ms and for related services during a pre and/or post-op period of procedures. By deleting the starred procedure designation, surgical codes will no longer be handled differently. Due to some payers recognizing starred procedures, the star's elimination may cause modifier –25 rejections. You may want to consider using modifier –57 when appropriate. Modifier-57 will show that an E/M was performed and a decision to perform surgery was made. In CPT 2004, code 99025 has been deleted and is no longer reported.

Modifier –25 for the physician's office

For proper use of modifier –25 in the physician office:

1. When you perform a minor procedure (0-10 day global period) use modifier –25 and a separately identifiable E/M service on the same date of service.
2. Do not attach modifier –25 to procedure codes. This modifier is to be used with E/M codes only.

2004 Additions, Revisions, Deletions in ICD-9-CM and CPT for Pediatrics

Visit the TNAAP website at www.tnaap.org to view the listing of 2004 code additions, revisions and deletions, specific to Pediatrics.