The National Correct Coding Initiative and Bundling

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Ophthalmologists continue to feel the pressure from limits on reimbursement and increasing expenses. It is imperative, especially in these uncertain times, for physicians to be thoroughly familiar with Medicare's National Correct Coding Initiative (NCCI). This initiative was put forth in 1996 in order to promote correct coding and to serve as a ready mechanism by which to reduce improper coding. CMS provides an overview of this program on its website, available at http://www.cms.hhs.gov/NationalCorrectCodInitEd/.

The core of the program, from the physician's perspective, is the set of tables that list various CPT code combinations. Codes that appear together in the tables either may not be used together, or may be used together only under certain conditions. Such codes are known as bundled codes.

These tables are dynamic (changing every quarter) and typically contain many additions and deletions compared to previous versions. It is important that you and your office staff use the most current copy of the NCCI available. These are available free at the CMS website: http://www.cms.hhs.gov/physicians/cciedits/default.asp

The control of code combinations is based on a number of factors. According to CMS, these include CPT coding conventions, guidelines established by societies (such as the American Academy of Ophthalmology), and review of standard practice.

One set of tables is known as the "mutually exclusive" tables. Codes that appear together in this table cannot in theory be performed together. An example of a code pair appearing in the mutually exclusive table is CPT 68810, Excision of lesion, conjunctiva; up to 1 cm, and CPT 68815, Excision of lesion, conjunctiva; over 1 cm. It would be impossible for a single lesion to fall into each of these categories; therefore the codes are considered mutually exclusive. Another code pair that falls in this category

is CPT 66170, Trabeculectomy in absence of previous surgery, and CPT 66172, Trabeculectomy with scarring from previous surgery.

The other set of tables is known as the "column 1/column 2 correct coding edits." These used to be known as the "comprehensive/component edits." The original concept with this list was to prohibit reporting of a code that is considered an integral component of a more comprehensive code. An example of a code pair that fits this description is CPT 65400, Excision of lesion, cornea except pterygium, and CPT 65410, Biopsy of cornea. Removal of a corneal lesion as described by the comprehensive code 65400 would include the service described by a corneal biopsy. Therefore, 65410 is not separately reportable in addition to 65400.

This list has expanded, however, to include code pairs are not appropriately reported together for reasons other than a "comprehensive/component" relationship. An example of this situation is CPT 68326, Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement with CPT 68115, Excision of lesion, conjunctiva; with adjacent sclera. Although excision of a lesion is not an

integral component of conjunctivoplasty, these codes are bundled in order to discourage what CMS considers to be excessive reporting.

A widely-noted deletion in the edits occurred in 2005 when vitrectomy codes were unbundled from lens extraction codes. For example, once the deletions occurred, it was possible to simultaneously bill both CPT 67036, Vitrectomy, mechanical, pars plana approach, with CPT 66984, Extracapsular cataract removal with insertion of intraocular lens prosthesis.

There are many circumstances in which bundled codes may indeed be separately reportable. One circumstance may be if the two services are performed by different providers. Certain policies may be in place, however, that preclude this practice.

In other clinical situations, it may be permissible to report bundled services separately because the bundle was not meant to apply under the circumstances. For example, if the bundled services are performed on different eyes, in most cases the services are separately reportable. The -59 modifier will indicate that the service was performed in different operative areas. Using an example cited above, a service in which excision and repair

of less than one-fourth of the right lower lid margin is performed as well as excision and repair of greater than one-fourth of the left upper lid margin is reportable as 67961-LT and 67966-59-RT.

Another major use of the -59 modifier in the context of the NCCI is when the bundled services are provided during two separate patient encounters on the same date of service.

If you are unsure about the appropriateness of breaking a bundle between codes, it is reasonable to contact the relevant professional society such as the American Academy of Ophthalmology or American Society of Cataract and Refractive Surgery. It is likely that they have experience with the clinical scenario in question. It is also possible to contact the provider relations department of your local Medicare carrier. It is best to ask your question in writing and to carefully document the response.

Although the emphasis of this article has been on Medicare, private payers often adhere to the bundling edits in the NCCI. Additional bundled combinations may also be in place for private payers. Not all of the bundled combinations are readily available for review.

A more recent addition to the NCCI is the "Medically Unlikely Edits" program. The edits in this program effectively limit the number of units that can be paid for a particular CPT code on a particular claim. Not all CPT codes are associated with Medically Unlikely Edits. Interestingly, it is the policy of CMS not to release all the Medically Unlikely Edit limits due to concerns that knowledge of these limits might lead to inappropriate billing. The publicly-available Medically Unlikely Edits may be viewed at http://www.cms.hhs.gov/NationalCorrectCodInitEd/08_MUE.asp#TopOfPage .

Keep up to date with the National Correct Coding Initiative in order to appropriately report multiple services. Knowledge of bundles is extremely important and valuable to billers and coders, but it behooves physicians to be familiar as well.