

# Socioeconomic tips of the month

## Medicare's Correct Coding Initiative

by the Division of Advocacy and Health Policy

In the September 2002 issue of the *Bulletin*, this column began a look at regulatory factors that may affect reimbursement for surgical services. That article cited Medicare's Correct Coding Initiative (CCI) edits as a factor that causes certain procedures to be incorporated, or bundled, into other procedures reported on the same claim and a decrease in anticipated reimbursement. This month, we take a closer look at the CCI edits, which were originally implemented in 1996 by the Health Care Financing Administration, now the Centers for Medicare & Medicaid Services (CMS).

The CCI edits are developed based on coding conventions defined in the American Medical Association's *Current Procedural Terminology* (CPT), current standards of medical and surgical coding practice, input from specialty societies, and data analysis of current coding practice.

### Two types

There are two separate types of CCI edits. The first is comprehensive/component codes. In this series, the comprehensive code represents greater work, effort, and time as compared to the other code reported. The comprehensive code is paid and the component code, or the code with the lesser work value, is denied. For example, CPT code 43320, *Esophagogastrotomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach*, is recognized as the comprehensive code of which code 36000, *Introduction of needle or intracatheter, vein*, is a component code.

The second set of code combinations is composed of mutually exclusive codes. These are code combinations for procedures that would not or could not be reasonably performed at the same encounter by the same physician on the same patient. For example, CPT code 49200, *Excision or destruction by any method of intra-abdominal or retro-*

### Around the corner

#### Final 2003 Medicare Physician Fee Schedule

The deadline for the enrollment period for Medicare participation has been extended to April 14, 2003. If you wish to change your mind about your 2003 participation option, you can do so provided your enrollment form is received by the carrier by April 14. You should immediately start to prepare claims under your new option. If your office submitted claims in late February for services performed in January and February, you will be paid at the 2003 rates. An automatic adjustment for January/February claims will be made after July 1, 2003.

#### March

- The implementation period for the 2003 CPT and HCPCS codes ends March 31, 2003.
- ACS-sponsored basic and advanced coding workshops for surgeons in Los Angeles, CA, on March 27-28. Visit the ACS coding workshop Web page at <http://www.facs.org/dept/hpa/workshops/cdworkshop.html> to register.

#### April

- Quarterly update to 2002 correct coding edits become effective April 1.
- ACS Postgraduate Courses on advanced surgical coding and practice management will be presented during the ACS Spring Meeting in New York, NY. Course descriptions and online registration can be found at <http://www.facs.org/2003springmeeting/reginfo/reginfo.html>.

*peritoneal tumor or cysts or endometriomas*, is recognized as mutually exclusive of code 47380, *Ablation, open, of one or more liver tumor(s)*. When codes are defined as mutually exclusive, generally the procedure with the lower work relative value unit is the payable service. In the case of the previous example, a surgeon would be reimbursed for code 49200.

### More information

CCI does allow for the use of specific CPT and Healthcare Common Procedure Coding System (HCPCS) modifiers that may be used to override

*continued on page 63*

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# Trauma meeting scheduled for June

The Eastern States Committees on Trauma will present Trauma and Critical Care 2003: Point/Counterpoint XXII, June 2-4, in Atlantic City, NJ. The Tropicana Casino and Resort will be the site for the program, which will bring together internationally recognized authorities to address difficult and controversial trauma and critical care issues. The course will take a broad look at some of the current issues in contemporary trauma care.

Course topics include: Nonoperative Management of Torso

Trauma—Where Is the Pendulum?; Changing Concepts in the Diagnosis and Treatment of Blunt Aortic Injury; A Quantum Jump in Trauma Experience—Tales from Latin America; Challenging Cases in Blunt Trauma; Physician Extenders in Trauma Care; The Injured Child: What's New, What's Not; Recreational Injuries; How I Do It—Technical Pointers in Managing Major Penetrating Trauma; Challenging Cases in Penetrating Trauma; and Critical Issues in Critical Care.

The scientific program committee consists of Kimball I. Maull, MD, FACS, Co-Chair; Charles C. Wolferth, MD, FACS, Co-Chair; L.D. Britt, MD, MPH, FACS; David V. Feliciano, MD, FACS; Lenworth M. Jacobs, Jr., MD, MPH, FACS; and Michael Rhodes, MD, FACS.

Complete course information can be viewed online at: <http://www.traumapointcounterpoint.com>. For further information, contact the Trauma Office at 312/202-5342.

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## SOCIOECONOMIC TIPS, from page 51


certain edits. For surgical practices, the most commonly used CPT modifier is -59, *Distinct procedural service*. Modifier -59 allows physicians to indicate that two codes, which would be subject to a code edit, were actually provided as distinct procedures to the same patient on the same day.

CMS has designated the National Technical Information Service (NTIS) as the sole official distributor of the CCI edits. Surgeons may purchase a subscription for the *CCI National Correct Coding Policy Manual for Part B Medicare Carriers* in either paper or electronic form by contacting NTIS either by phone, at 1-800/363-2068 or 703/605-6060, or at the NTIS Web site at <http://www.ntis.gov/products/families/cci>. A practice may purchase single chapters (such as, "Chapter VI, Surgery: Digestive System, CPT Codes 40000-49999") that are applicable to the practice. Whether the subscription is for the complete manual or single chapters, subscribers will receive an introduction to the Correct Coding Initiative, general correct coding policies, policy narratives that will help you understand the edits, and a state-by-state listing of Medicare Part B Carriers.

Many commercial vendors sell electronic versions of the CCI edits. Two types of programs are avail-

able as computer software: a reference guide similar to the CCI manual that tells what the edits are; and more sophisticated practice management programs that aid in the preparation of claims. A practice certainly may opt to use a commercial software package that incorporates the CCI edits. If this is the case, staff should make sure that the software is updated on a quarterly basis (January, April, July, October) to avoid the unnecessary resubmission of claims.

Some health care insurers other than Medicare do use so-called "black box" edits. Those edits are proprietary to those payors and are not available for review by outside parties.

For more details about the CCI edits, see the CMS Web page at <http://cms.hhs.gov/medlearn/ncci.asp>. 

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This column helps answer questions from Fellows and their staffs and provides useful tips for surgical practices. Developed by the College staff and consultants, this information will be accessible on our Web site. If you would like to see specific topics addressed in future columns, please contact the Division of Advocacy and Health Policy by fax at 202/337-4271, or e-mail [HealthPolicyAdvocacy@facs.org](mailto:HealthPolicyAdvocacy@facs.org).