



Medicare Correct Coding Guide

SAMPLE

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General Correct Coding Policies

A. Introduction

Healthcare providers utilize HCPCS/CPT® codes to report medical services performed on patients to Medicare Carriers (A/B MACs processing practitioner service claims) and Fiscal Intermediaries (FIs). HCPCS (Healthcare Common Procedure Coding System) consists of Level I CPT (Current Procedural Terminology) codes and Level II codes. CPT codes are defined in the American Medical Association's (AMA's) *CPT Manual* which is updated and published annually. HCPCS Level II codes are defined by the Centers for Medicare and Medicaid Services (CMS) and are updated throughout the year as necessary. Changes in CPT codes are approved by the AMA CPT Editorial Panel which meets three times per year.

Editor's note: CPT Category II and Category III codes are updated twice yearly—in January and July—and can be found on the AMA website prior to their inclusion in the printed book.

CPT and HCPCS Level II codes define medical and surgical procedures performed on patients. Some procedure codes are very specific defining a single service (e.g., CPT code 93000 (electrocardiogram)) while other codes define procedures consisting of many services (e.g., CPT code 58263 (vaginal hysterectomy with removal of tube(s) and ovary(s) and repair of enterocele)). Because many procedures can be performed by different approaches, different methods, or in combination with other procedures, there are often multiple HCPCS/CPT codes defining similar or related procedures.

CPT and HCPCS Level II code descriptors usually do not define all services included in a procedure. There are often services inherent in a procedure or group of procedures. For example, anesthesia services include certain preparation and monitoring services.

The CMS developed the NCCI to prevent inappropriate payment of services that should not be reported together. Three types of edits are included in the NCCI—NCCI Procedure-to-Procedure (PTP) edits, Medically Unlikely Edits (MUE), and Add-on Code Edits.

Each edit table contains edits which are pairs of HCPCS/CPT codes that in general should not be reported together. Each edit has a column one and column two HCPCS/CPT code. If a provider reports the two codes of an edit pair, the column two code is denied, and the column one code is eligible for payment. However, if it is clinically appropriate to utilize an NCCI-associated modifier, both the column one and column two codes are eligible for payment. (NCCI-associated modifiers and their appropriate use are discussed elsewhere in this chapter.)

Medically Unlikely Edits (MUEs) prevent payment for an inappropriate number/quantity of the same service on a single day. An MUE for a HCPCS/CPT code is the maximum number of units of service (UOS) under most circumstances reportable by the same provider for the same beneficiary on the same date of service. The ideal MUE value for a HCPCS/CPT code is one that allows the vast majority of appropriately coded claims to pass the MUE. More information concerning MUEs is discussed in Section V of this chapter.

Add-on code edits are comprised of a list of HCPCS and CPT add-on codes and their associated primary codes. Payment is provided for an add-on code only when one of its primary codes is also eligible for payment.

In this Manual many policies are described utilizing the term “physician.” Unless indicated differently the usage of this term does not restrict the policies to physicians only but applies to all practitioners, hospitals, providers, or suppliers eligible to bill the relevant HCPCS/CPT codes pursuant to applicable portions of the Social Security Act (SSA) of 1965, the Code of Federal Regulations (CFR), and Medicare rules. In some sections of this Manual, the term “physician” would not include some of these entities because specific rules do not apply to them. For example, Anesthesia Rules (e.g., CMS Internet-Only Manual, Publication 100-04 [*Medicare Claims Processing Manual*], Chapter 12 [Physician/Nonphysician Practitioners], Section 50 [Payment for Anesthesiology Services]) and Global Surgery Rules (e.g., CMS Internet-Only Manual, Publication 100-04 [*Medicare Claims Processing Manual*], Chapter 12 [Physician/Nonphysician Practitioners], Section 40 [Surgeons and Global Surgery]) do not apply to hospitals.

Providers reporting services under Medicare's hospital outpatient prospective payment system (OPPS) should report all services in accordance with appropriate Medicare Internet Only Manual (IOM) instructions.

Physicians must report services correctly. This manual discusses general coding principles in Chapter I and principles more relevant to other specific groups of HCPCS/CPT codes in the other chapters. There are certain types of improper coding that physicians must avoid.

Procedures should be reported with the most comprehensive CPT code that describes the services performed. Physicians must not unbundle the services described by a HCPCS/CPT code. Some examples follow:

- A physician should not report multiple HCPCS/CPT codes when a single comprehensive HCPCS/CPT code describes these services. For example if a physician performs a vaginal hysterectomy on a uterus weighing less than 250 grams with bilateral salpingo-oophorectomy, the physician should report CPT code 58262 (Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)). The physician should not report CPT code 58260 (Vaginal hysterectomy, for uterus 250 g or less;) plus CPT code 58720 (Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)).
- A physician should not fragment a procedure into component parts. For example, if a physician performs an anal endoscopy with biopsy, the physician should report CPT code 46606 (Anoscopy; with biopsy, single or multiple). It is improper to unbundle this procedure and report CPT code 46600 (Anoscopy; diagnostic,...) plus CPT code 45100 (Biopsy of anorectal wall, anal approach...). The latter code is not intended to be utilized with an endoscopic procedure code.
- A physician should not unbundle a bilateral procedure code into two unilateral procedure codes. For example if a physician performs bilateral mammography, the physician should report CPT code 77056 (Mammography; bilateral). The physician should not report CPT code 77055 (Mammography; unilateral) with two units of service or 77055LT plus 77055RT.
- A physician should not unbundle services that are integral to a more comprehensive procedure. For example, surgical access is integral to a surgical procedure. A physician should not report CPT code 49000 (Exploratory laparotomy,...) when performing an open abdominal procedure such as a total abdominal colectomy (e.g., CPT code 44150).

Physicians must avoid downcoding. If a HCPCS/CPT code exists that describes the services performed, the physician must report this code rather than report a less comprehensive code with other codes describing the services not included in the less comprehensive code. For example if a physician performs a unilateral partial mastectomy with axillary lymphadenectomy, the provider should report CPT code 19302 (Mastectomy, partial...; with axillary lymphadenectomy). A physician should not report CPT code 19301 (Mastectomy, partial...) plus CPT code 38745 (Axillary lymphadenectomy; complete).

Physicians must avoid upcoding. A HCPCS/CPT code may be reported only if all services described by that code have been performed. For example, if a physician performs a superficial axillary lymphadenectomy (CPT code 38740), the physician should not report CPT code 38745 (Axillary lymphadenectomy; complete).

Physicians must report units of service correctly. Each HCPCS/CPT code has a defined unit of service for reporting purposes. A physician should not report units of service for a HCPCS/CPT code using a criterion that differs from the code's defined unit of service. For example, some therapy codes are reported in fifteen minute increments (e.g., CPT codes 97110-97124). Others are reported per session (e.g., CPT codes 92507, 92508). A physician should not report a “per session” code using fifteen minute increments. CPT code 92507 or 92508 should be reported with one unit of service on a single date of service.

In 2010 the *CPT Manual* modified the numbering of codes so that the sequence of codes as they appear in the *CPT Manual* does not necessarily correspond to a sequential numbering of codes. In the *National Correct Coding Initiative Policy Manual for Medicare Services*, use of a numerical range of codes reflects all codes that numerically fall within the range regardless of their sequential order in the *CPT Manual*.

11954 Subcutaneous injection of filling material (eg, collagen); over 10.0 cc

RELATIVE VALUE UNITS						OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE
1.85	0.31	2.36	1.16	4.52	3.32	0	1(3)
MODIFIERS						INDICATORS	
50	51	62	66	80,82	Suprv	Status	
0	2	0	0	0	09	R	
CORRECT CODING EDITS							
12006	12007	12011	12013	12014	12015	12016	12017
12031	12032	12034	12035	12036	12037	12041	12042
12047	12051	12052	12053	12054	12055	12056	12057
13120	13121	13122	13131	13132	13133	13151	13152
36405	36406	36410	36420	36425	36430	36440	36591
43752	51701	51702	51703	61650	62310	62311	62318
64405	64408	64410	64413	64415	64416	64417	64418
64430	64435	64445	64446	64447	64448	64449	64450
64483	64486	64487	64488	64489	64490	64493	64505
64520	64530	69990	92012	92014	93000	93005	93010
93318	93355	94002	94200	94250	94680	94681	94690
95816	95819	95822	95829	95955	96360	96365	96372
99148	99149	99150	99211	99212	99213	99214	99215
99220	99221	99222	99223	99231	99232	99233	99234
99239	99241	99242	99243	99244	99245	99251	99252
99291	99292	99304	99305	99306	99307	99308	99309
99334	99335	99336	99337	99347	99348	99349	99350
99378	99446	99447	99448	99449	99495	99496	G0463

88381 Microdissection (ie, sample preparation of microscopically identified target); manual

RELATIVE VALUE UNITS						OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE
0.53	0.03	2.73	2.73	3.29	3.29	XXX	1(1)
MODIFIERS						INDICATORS	
50	51	62	66	80,82	Suprv	Status	
0	0	0	0	0	09	A	

CORRECT CODING EDITS 88355 ■ 88358 ■ 88360 ■ 88361 ■ 88363 ✓

88381-26

RELATIVE VALUE UNITS						OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE
0.53	0.01	0.18	0.18	0.72	0.72	XXX	1(1)
MODIFIERS						INDICATORS	
50	51	62	66	80,82	Suprv	Status	
0	0	0	0	0	09	A	

88381-TC

RELATIVE VALUE UNITS						OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE
0.00	0.02	2.55	2.55	2.57	2.57	XXX	1(1)
MODIFIERS						INDICATORS	
50	51	62	66	80,82	Suprv	Status	
0	0	0	0	0	09	A	

88387 Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)

RELATIVE VALUE UNITS						OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE
0.62	0.03	0.54	0.54	1.19	1.19	XXX	2(3)
MODIFIERS						INDICATORS	
50	51	62	66	80,82	Suprv	Status	
0	0	0	0	0	09	A	

CORRECT CODING EDITS 88300 ▼ 88388 △

88387-26

RELATIVE VALUE UNITS						OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE
0.62	0.02	0.29	0.29	0.93	0.93	XXX	2(3)
MODIFIERS						INDICATORS	
50	51	62	66	80,82	Suprv	Status	
0	0	0	0	0	09	A	

88387-TC

RELATIVE VALUE UNITS						OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE
0.00	0.01	0.25	0.25	0.26	0.26	XXX	2(3)
MODIFIERS						INDICATORS	
50	51	62	66	80,82	Suprv	Status	
0	0	0	0	0	09	A	

88388 Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)

RELATIVE VALUE UNITS						OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE
0.45	0.02	0.51	0.51	0.98	0.98	XXX	1(3)
MODIFIERS						INDICATORS	
50	51	62	66	80,82	Suprv	Status	
0	0	0	0	0	09	A	

CORRECT CODING EDITS 88300 ▼

88388-26

RELATIVE VALUE UNITS						OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE
0.45	0.01	0.24	0.24	0.70	0.70	XXX	1(3)
MODIFIERS						INDICATORS	
50	51	62	66	80,82	Suprv	Status	
0	0	0	0	0	09	A	

88388-TC

RELATIVE VALUE UNITS						OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE
0.00	0.01	0.27	0.27	0.28	0.28	XXX	1(3)
MODIFIERS						INDICATORS	
50	51	62	66	80,82	Suprv	Status	
0	0	0	0	0	09	A	

88720 Bilirubin, total, transcutaneous

RELATIVE VALUE UNITS						OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE
0.00	0.00	0.00	0.00	0.00	0.00	XXX	1(3)
MODIFIERS						INDICATORS	
50	51	62	66	80,82	Suprv	Status	
9	9	9	9	9	09	X	

CORRECT CODING EDITS 82247 ✓

88738 Hemoglobin (Hgb), quantitative, transcutaneous

RELATIVE VALUE UNITS						OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE
0.00	0.00	0.00	0.00	0.00	0.00	XXX	1(3)
MODIFIERS						INDICATORS	
50	51	62	66	80,82	Suprv	Status	
9	9	9	9	9	09	X	

CORRECT CODING EDITS 88740 ✓ 88741 ✓

88741 Hemoglobin, quantitative, transcutaneous, per day; methemoglobin

RELATIVE VALUE UNITS						OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE
0.00	0.00	0.00	0.00	0.00	0.00	XXX	1(2)
MODIFIERS						INDICATORS	
50	51	62	66	80,82	Suprv	Status	
9	9	9	9	9	09	X	

CORRECT CODING EDITS 83045 ✓

89049 Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report

RELATIVE VALUE UNITS						OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE
1.40	0.11	6.05	0.37	7.56	1.88	XXX	1(3)
MODIFIERS						INDICATORS	
50	51	62	66	80,82	Suprv	Status	
0	0	0	0	0	09	A	

NA

89050 Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood;

RELATIVE VALUE UNITS						OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE
0.00	0.00	0.00	0.00	0.00	0.00	XXX	2(3)
MODIFIERS						INDICATORS	
50	51	62	66	80,82	Suprv	Status	
9	9	9	9	9	09	X	

CORRECT CODING EDITS 80500 ✱ 80502 ✱

89051 Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count

RELATIVE VALUE UNITS						OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE
0.00	0.00	0.00	0.00	0.00	0.00	XXX	2(3)
MODIFIERS						INDICATORS	
50	51	62	66	80,82	Suprv	Status	
9	9	9	9	9	09	X	

CORRECT CODING EDITS 80500 ✱ 80502 ✱ 89050 ◆

89060 Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)

RELATIVE VALUE UNITS						OTHER	
Work	MP	PE-nf	PE-f	Total-nf	Total-f	Global P	MUE
0.00	0.00	0.00	0.00	0.00	0.00	XXX	2(3)
MODIFIERS						INDICATORS	
50	51	62	66	80,82	Suprv	Status	
9	9	9	9	9	09	X	

CORRECT CODING EDITS 80500 ✱ 80502 ✱ 88387 ■ 88388 ■