



AAPC

# HEALTHCON

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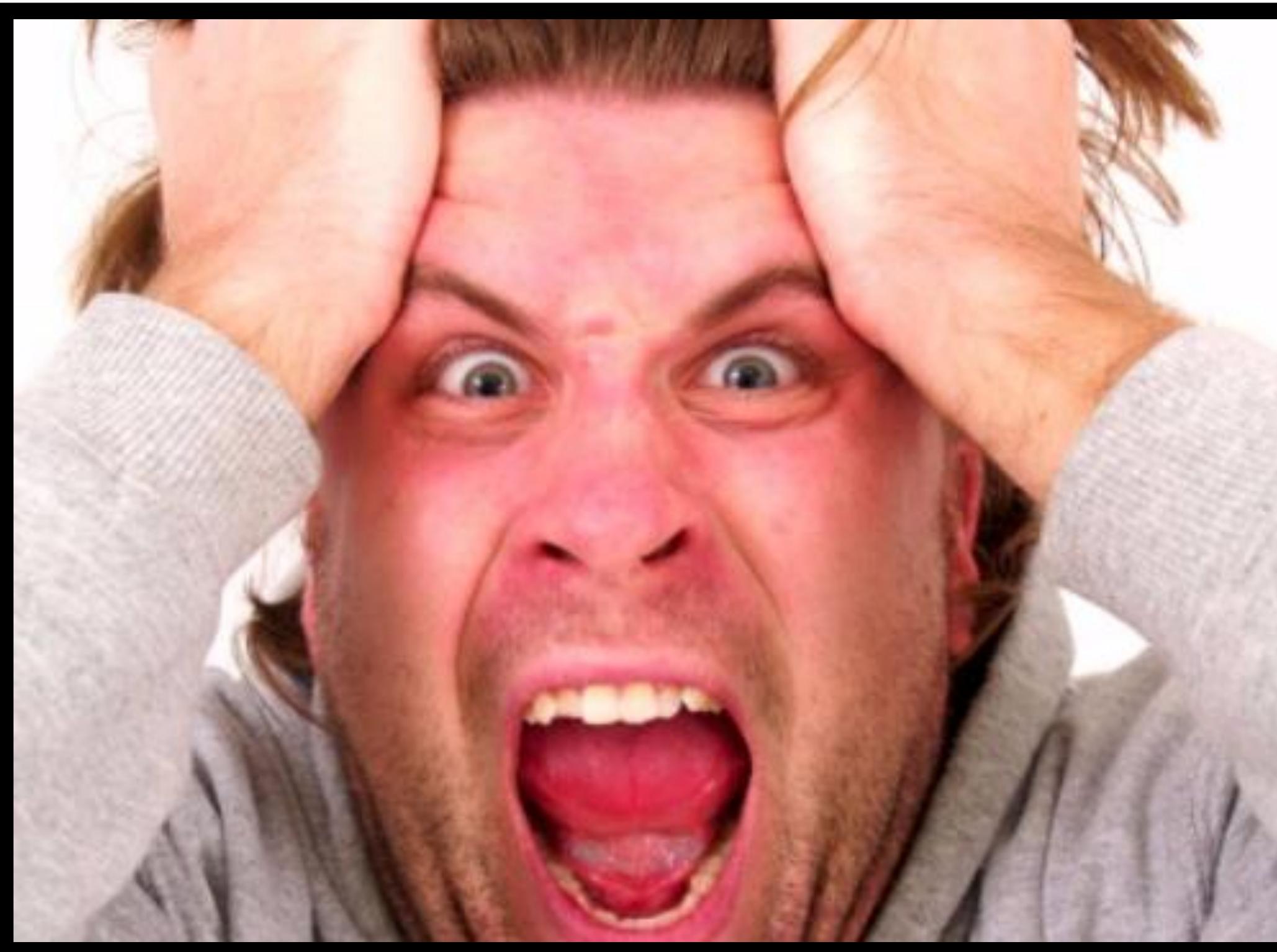
# NCCI Policy Manual

# General Surgery

Christopher Chandler, MHA, MBA, CPC, CGSC  
Professional Coding Consultant  
Intermountain Healthcare



# What is the NCCI Manual?



# How Does It Help?



- Identifies Correct Coding
- Reduce Risk
- Reduce Denials

# Referenced Chapters

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- Chapter 1 (General Policies)
- Chapter 3 (10000 - 19999)
- Chapter 5 (30000 – 39999)
- Chapter 6 (40000 - 49999)

# CPT Surgical Package

H & P

Local Infiltration

Postanesthesia  
Evaluation

Immediate Post-Op

Orders

Typical Post-Op Care

# NCCI Surgical Package

H & P

Local Infiltration

Postanesthesia  
Evaluation

Multiple  
Procedures

Related  
Procedures

Immediate Post-Op

Orders

Pre and Post  
Op Work

Separate  
Procedures

Typical Post-Op Care

Post-Op  
Complications

Anesthesia

# Code Selection



- Choose the most specific code
- All services in description must be performed
- Don't report two codes if there is one code

# Evaluation and Management



# Evaluation and Management

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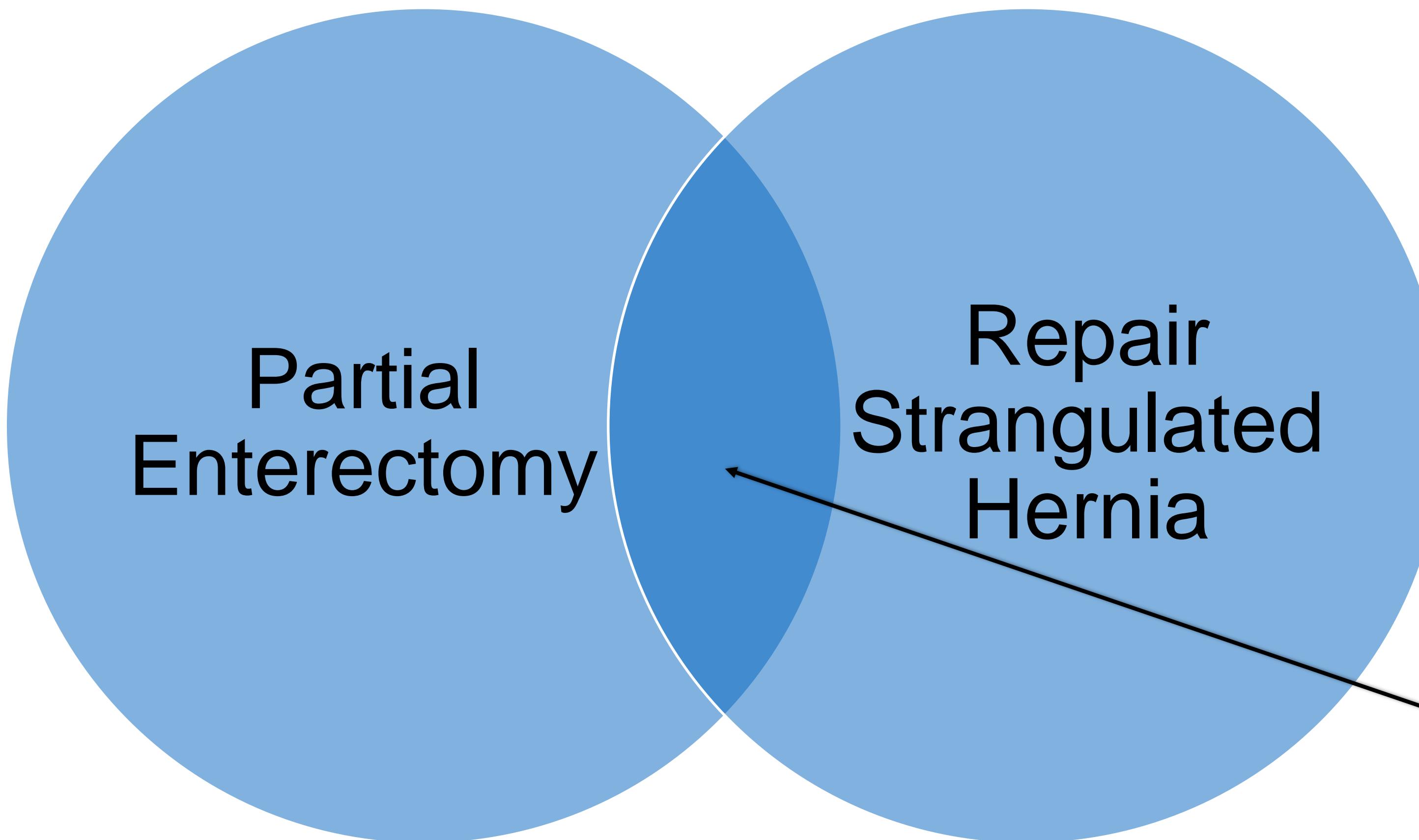
- All surgeries include an E/M
- Exception: If decision for surgery occurs same day or day before
- Major Procedure (90 days) = Mod. 57
- Minor Procedures (0 & 10 days) = Mod. 25

# Multiple Procedure Overlap

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- Global package causes overlap when multiple procedures are reported
- Areas Overlapped:
  - Pre/Post Op Care
  - Surgical Room
  - Staff
  - Tools and Equipment

# Multiple Procedure Overlap



# Unbundling

19301 – Partial Mastectomy

10.13 RVU

38525 – Biopsy or excision of lymph node(s)

6.43 RVU

19302 – Partial Mastectomy w/  
axillary lymphadenectomy

13.99 RVU

# Unbundling



\$3.99

\$1.79

\$1.00

\$6.78

# Unbundling



**\$5.69**

**Unbundled = \$6.78**

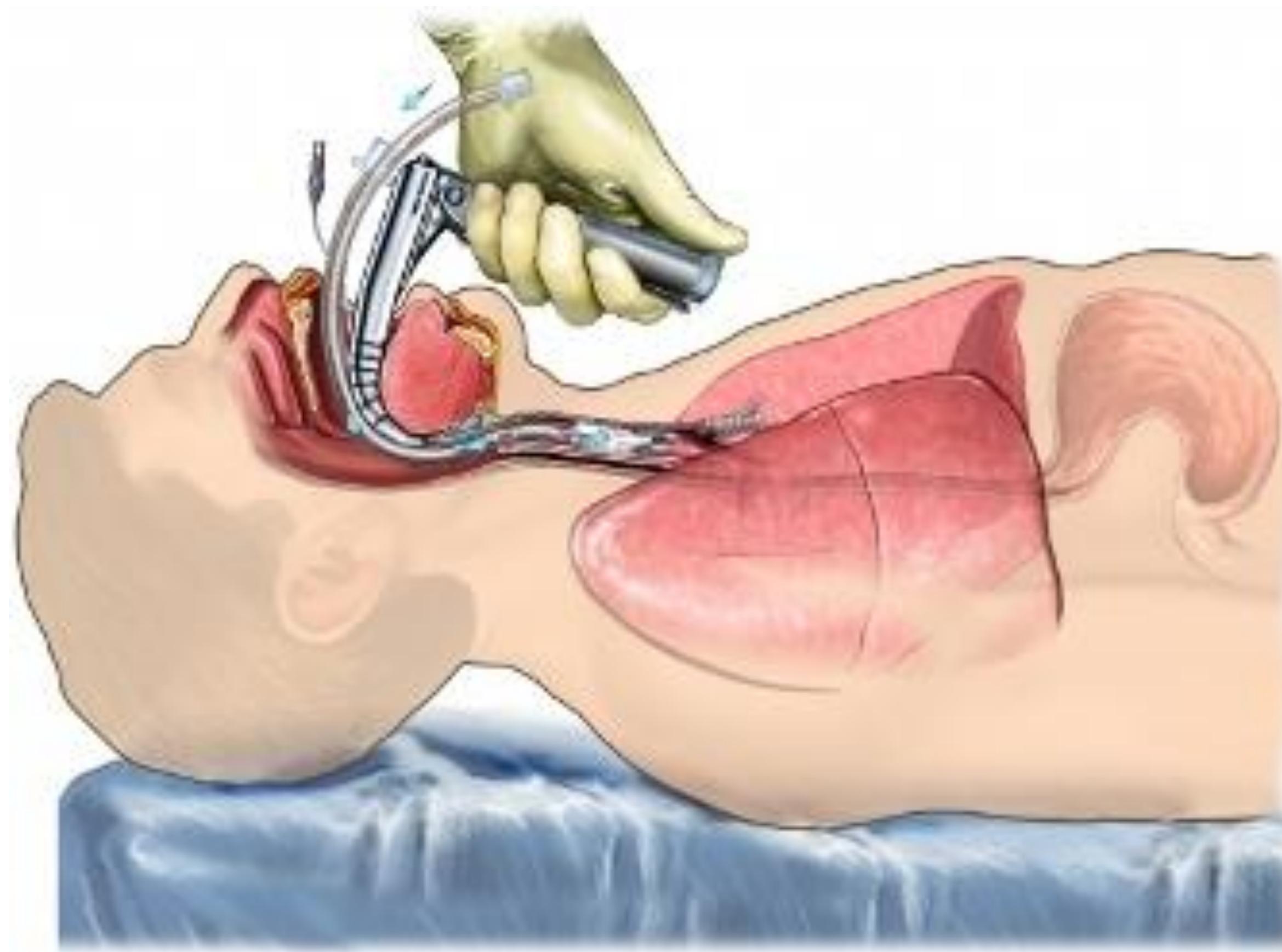
# Inherent Services

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- Services included, but not listed in description of the code:
  - Control of bleeding
  - Exception – Different encounter
  - Iatrogenic injuries

# Inherent Services

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Removal of intubation tube  
is not separately reportable

# “Separate Procedures”

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44005 – *Enterolysis (freeing of intestinal adhesion) (separate procedure)*

- A smaller portion of a much larger procedures
- Does **NOT** mean it can be billed separately
- Must be performed alone or unrelated to other procedures

# “Separate Procedures”

Exploratory Laparotomy

49000, 49320

Lysis of Adhesions

44005, 44180

Diagnostic Scopes

43191,  
43200,  
43235,  
45300,  
45378

# Exploratory Laparotomy

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**Exploratory Laparotomy + Therapeutic Abdominal Procedure =  
Therapeutic Abdominal Procedure**

Open Exploratory Laparotomy (49000) = 12.54 RVU

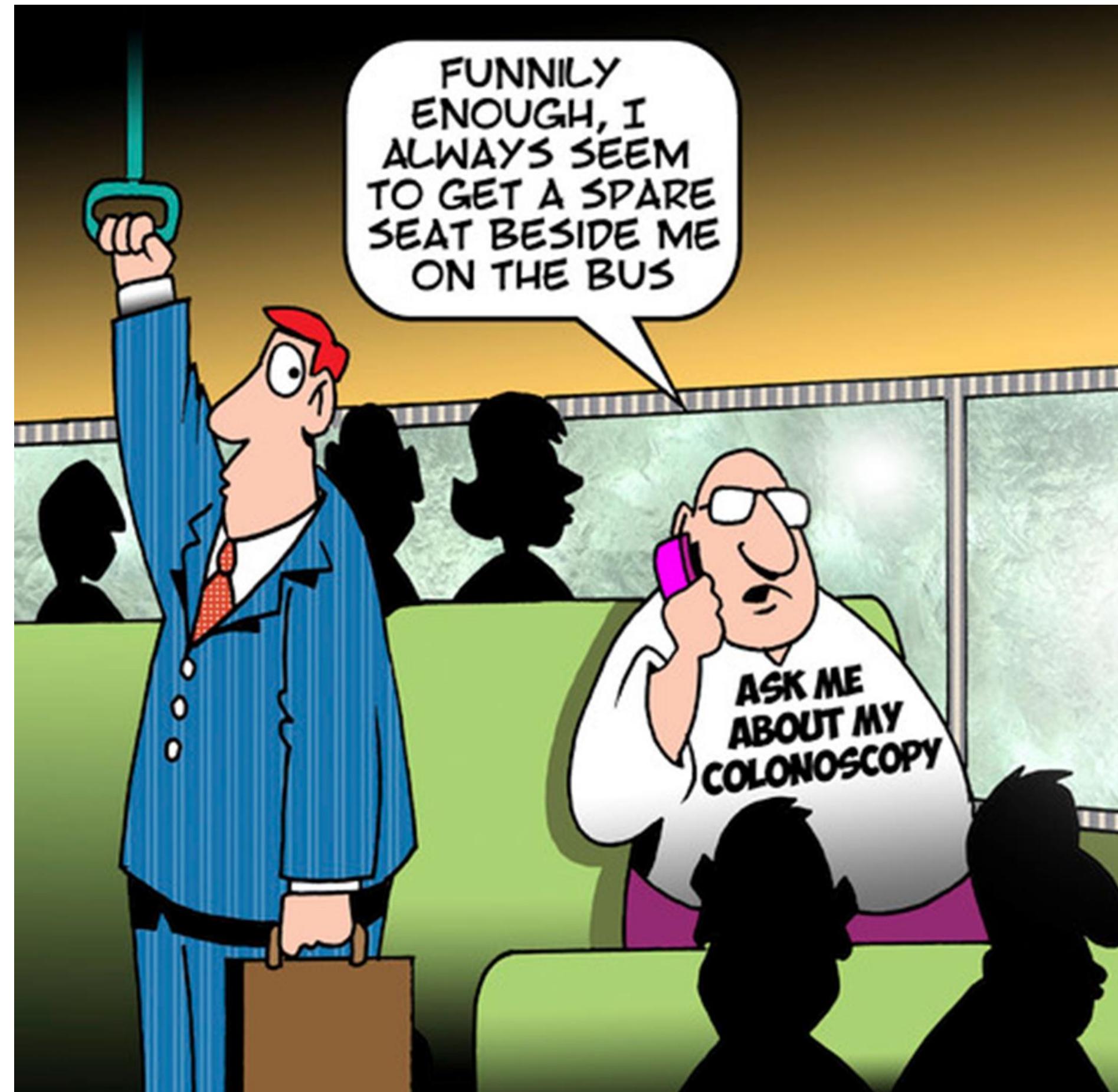
Open Cholecystectomy (47600) = 17.48 RVU

# Lysis of Adhesions

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- Always included with other abdominal procedures
- Never report with another abdominal procedure
- Modifier 22 may be used
  - “Beyond difficult” case

# Endoscopic Procedures



# Endoscopic Procedures

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- NOT Separately Reportable:
  - To verify placement or no injury
  - Performed as an integral part of a larger procedure
    - *Exception – Diagnostic to determine necessity of larger procedure*
  - Code to furthest extent

# Fluoroscopy



- Inclusive of all endoscopic procedures
- Don't report for verification of placement
- Inclusive of all laparoscopic procedures

# Conversion

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First  
Laparoscopic  
Approach



Final  
Open  
Approach

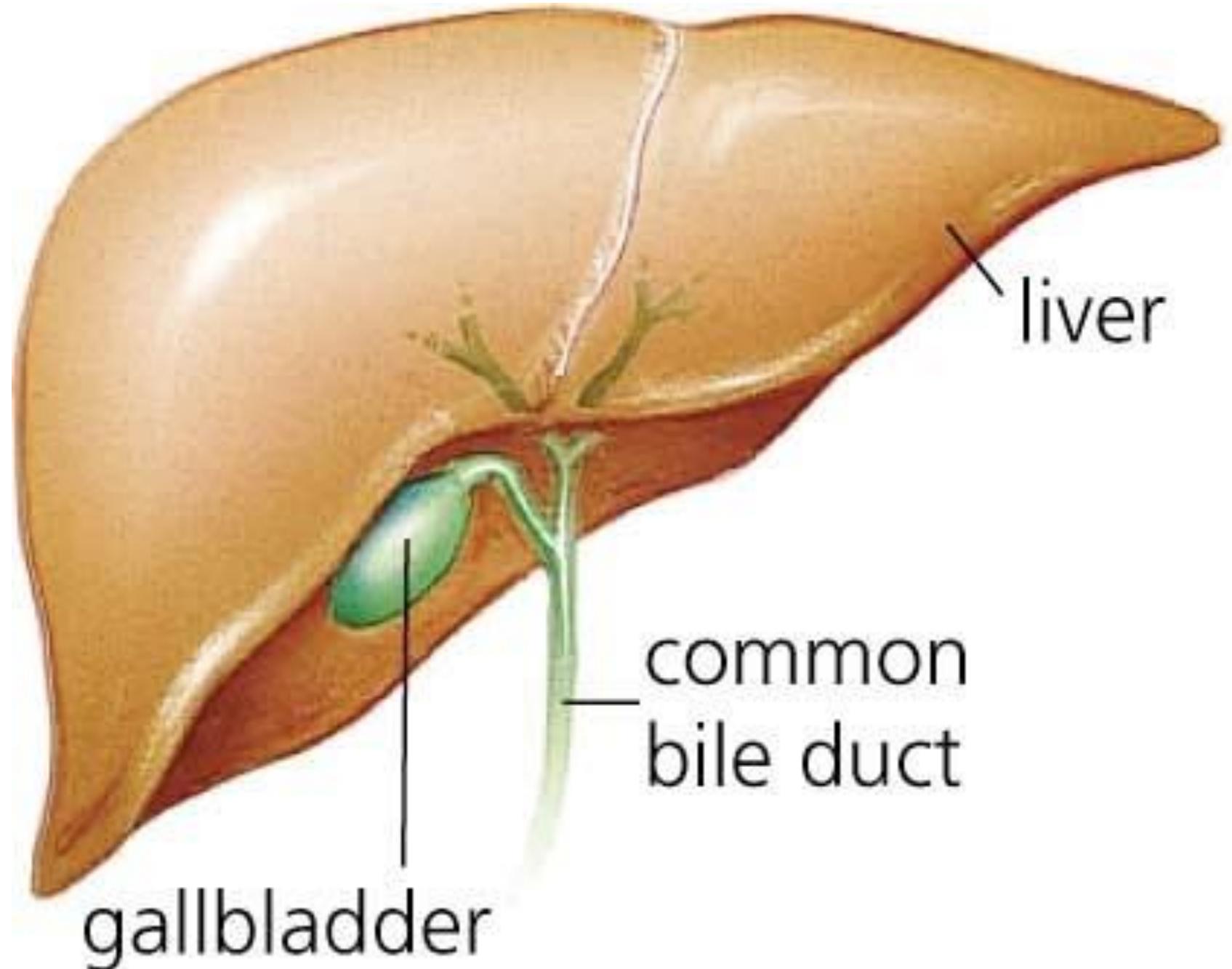
Report Final Approach

# Anesthesia

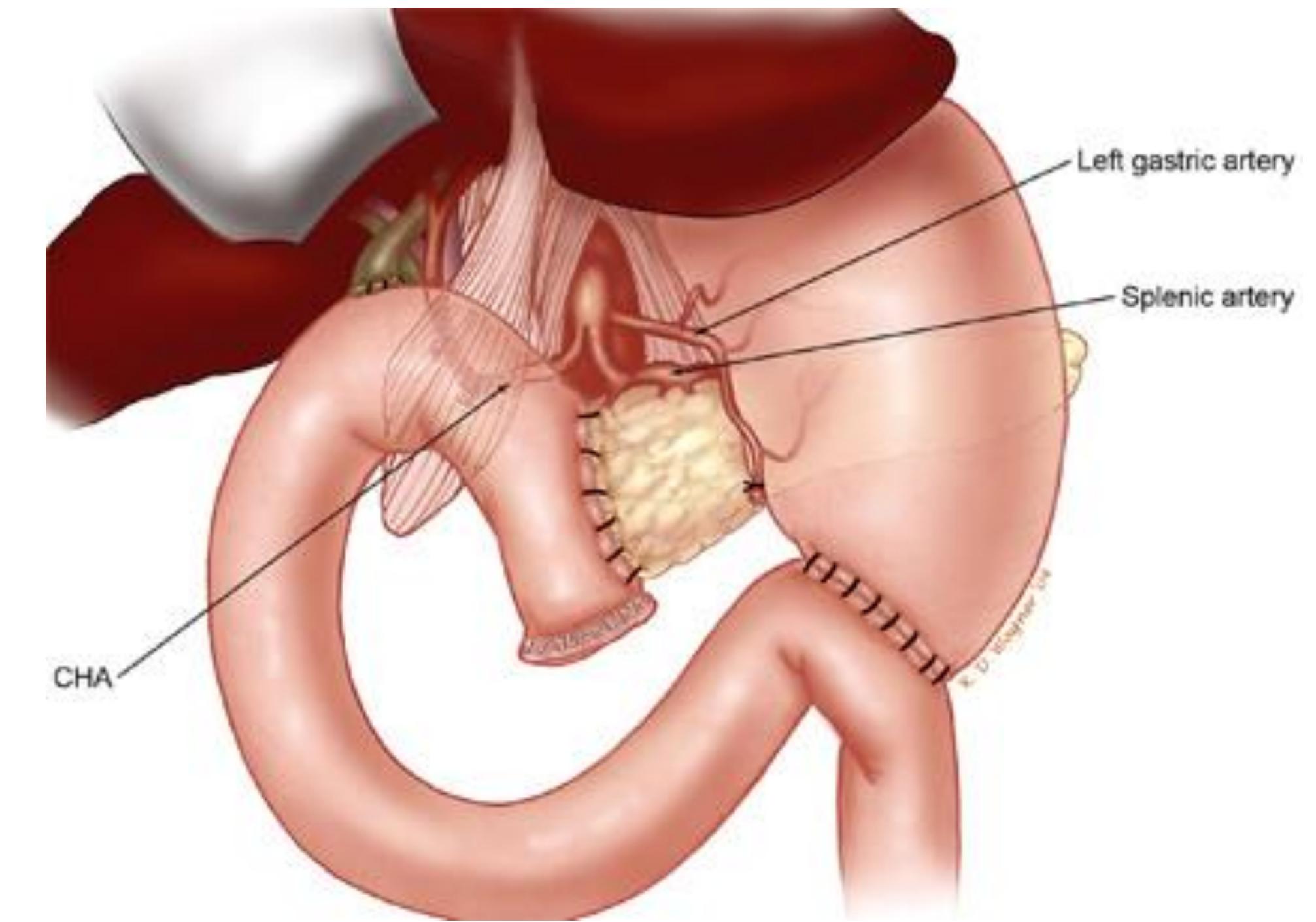


Do NOT report local and general anesthesia if performed by the same physician providing the procedure

# Gallbladder Removal



Do not report separately  
with hepatectomy code



Do not report separately  
with Whipple procedure  
code

# Appendectomy

- Incidental vs. Medical Necessity
- Open Appendectomy
  - 44950 – Appendectomy
  - 44955 – Appendectomy for indicated purpose
  - 44960 – Appendectomy for ruptured appendix
- Laparoscopic Appendectomy – 44970
- Unlisted Laparoscopic Appendectomy - 44979

# Hernia Repairs

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- When can you report a hernia repair with another abdominal procedure?
  - Hernia site is not same site as incision for other procedure
  - Medically necessary (not incidental)
  - Excision of strangulated organ

# Hernia Repair Mesh

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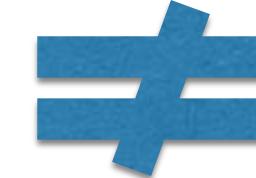
- Mesh Code +49568
- Mesh is included with the following:
  - All open hernia repairs
  - All laparoscopic hernia repairs
    - *Exception - ventral and incisional hernia repairs (49560 – 49566)*
- +15777 not used for hernia repairs

# Panniculectomy

Removal of extra  
skin



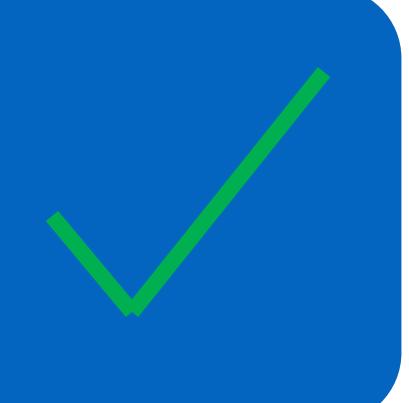
Open Abdominal  
Procedure



Panniculectomy

# Biopsy w/ Other Procedure

## Separately Reportable

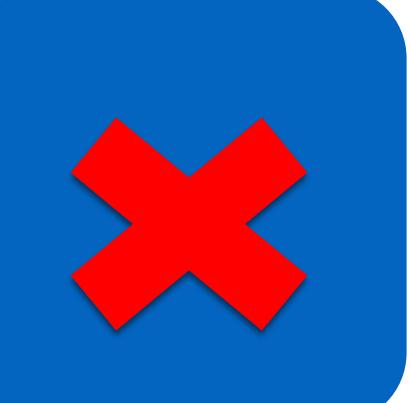


Separate Lesion

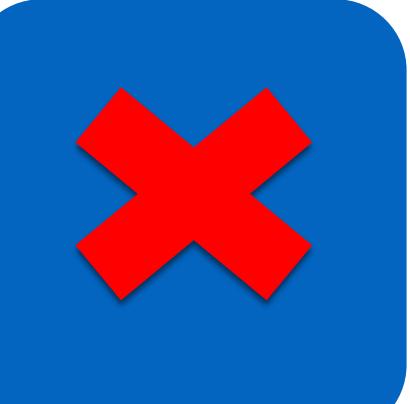


Immediate Pathology

## Not Separately Reportable



Assess Margins



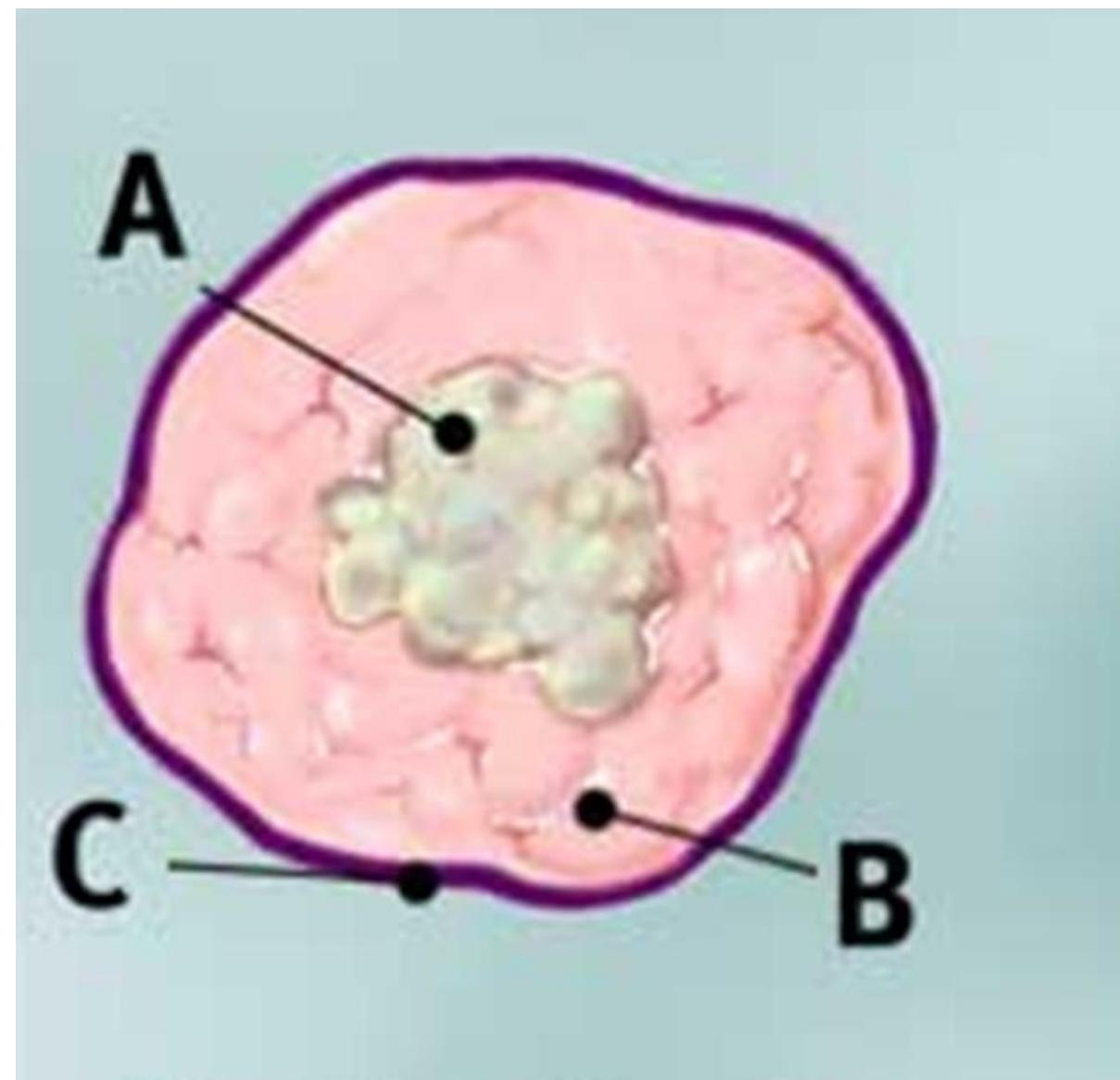
Post-Op Pathology

# Fistulas

- Partial excision of organ containing fistula should NOT be reported separately
- Excision of entire organ can be reported separately

# Breast Coding

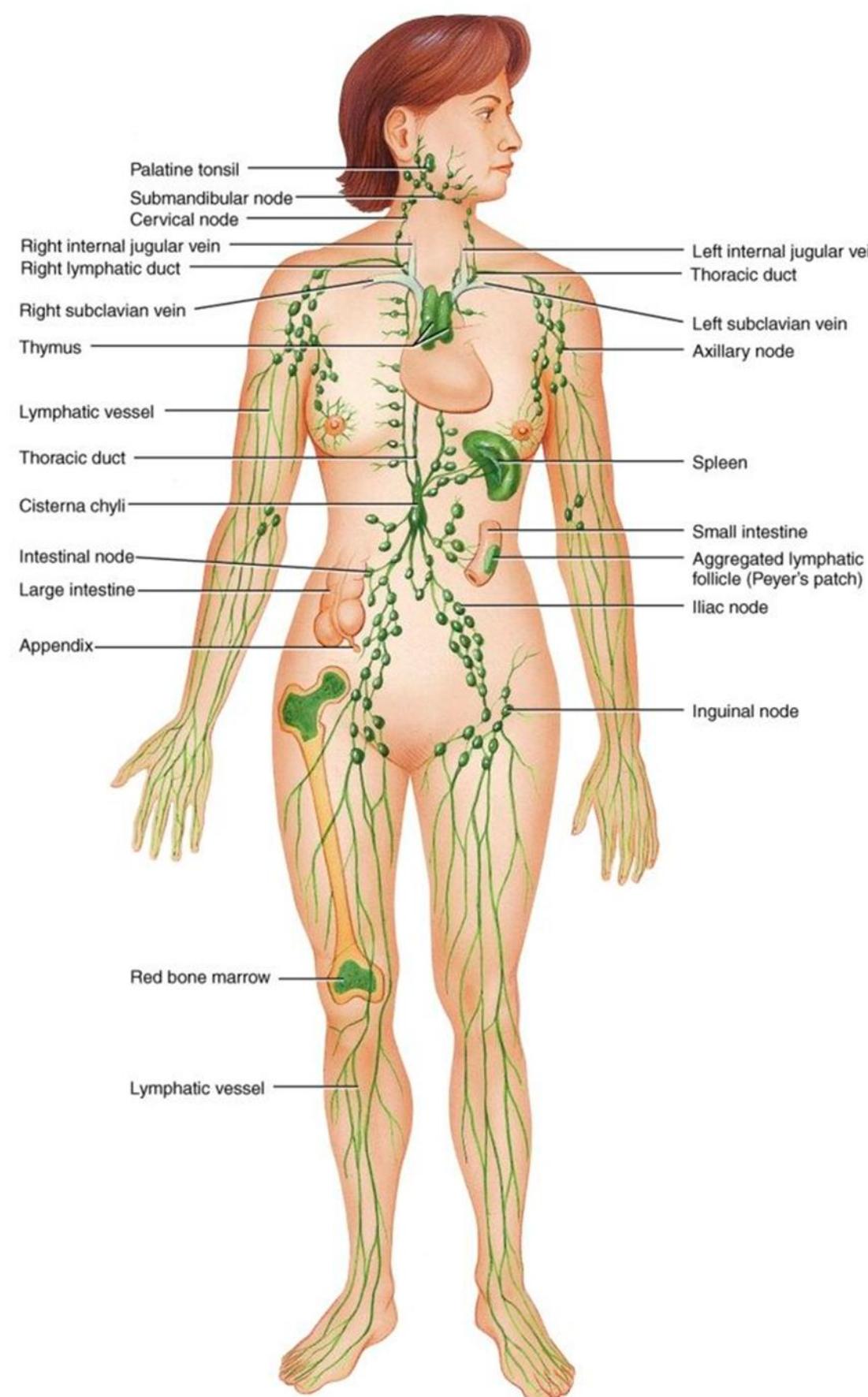
## Surgical Margins



- 19120 – 19126
  - Excision of cyst, tumor, lesion, etc. w/out surgical margins
- 19302
  - Excision of cyst, tumor, lesion, etc. **with** minimal adequate surgical margins

# Lymph Nodes

Report Separately from Breast Procedure:



- Sentinel Lymph Node Biopsy (38500)
- Contralateral lymph node excision
  - *Not ipsilateral lymph node excision*

For mastectomy with total lymphadenectomy report  
19302, 19305, 19306, or 19307

Do not report 38747 with other codes in the op field

# Conclusion

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Avoid Unbundle

Decrease Denials

Process Improvement

Avoid Risk

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# Questions?

