What is the NCCI Manual?
How Does It Help?

- Identifies Correct Coding
- Reduce Risk
- Reduce Denials
Referenced Chapters

- 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

- 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

- Global package causes overlap when multiple procedures are reported

- Areas Overlapped:
  - Pre/Post Op Care
  - Surgical Room
  - Staff
  - Tools and Equipment
Multiple Procedure Overlap

Partial Enterectomy

Repair Strangulated Hernia

Pre-Op, Post-Op Care, etc.
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

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

Removal of intubation tube is not separately reportable
“Separate Procedures”

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

Exploratory Laparotomy + Therapeutic Abdominal Procedure = Therapeutic Abdominal Procedure

Open Exploratory Laparotomy (49000) = 12.54 RVU

Open Cholecystectomy (47600) = 17.48 RVU
Lysis of Adhesions

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

• 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

First Approach
Laparoscopic

Final Approach
Open

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

• 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

- 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

- Avoid Unbundle
- Decrease Denials
- Process Improvement
- Avoid Risk
Questions?