

American Society of Interventional Pain Physicians " The Voice of Interventional Pain Management "

81 Lakeview Drive, Paducah, KY 42001
Tel.: (270) 554-9412; Fax : (270) 554-8987
[E-mail:asipp@asipp.org](mailto:asipp@asipp.org)

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Niles R. Rosen, MD
Medical Director
National Correct Coding Initiative
Correct Coding Solutions LLC
P.O. Box 907
Carmel, IN 46082-0907
niles.rosen@correctcodingsolutions.com; linda.dietz@correctcodingsolutions.com

RE: Quarterly Update to National Correct Coding Initiative Edits, Version 17.1, Effective 4/1/2011

Dear Dr. Rosen:

On behalf of ASIPP, we thank you for continually updating the National Correct Coding Initiative (NCCI). We also would like to thank you for your previous consideration and the corrections that were made, which improved the system substantially.

The latest version, dated April 1st, of the NCCI edits (version 17.1) has some serious implications. We continue to receive multiple calls from members with concerns and confusion about NCCI edits and as well as denials. Many are rearranging their schedules, resulting in increasing patient visits and program costs. Please review these comments and make the appropriate corrections so patient care will not be affected. Meanwhile, the edits listed below should be suspended.

- 1) Column 1 Codes 20552 and 20553 are included in Column 2 with 1 modifier (allowed) CPT codes 62310, 62311, 62318, 62319, 64408, 64410, 64435, and 64455, which are epidurals and multiple nerve blocks. Our concern is mainly with 62310 and 62311. Unfortunately this will not always apply. A patient may have a trigger point injection in the cervical region. Thus, if trigger point injections are billed, one cannot bill for an epidural injection with 62311; likewise, if a trigger point injection is performed in the lumbosacral area, one cannot perform 62310, the cervical epidural injection.

This creates questions in the minds of physicians in providing care. Further, most providers have been experiencing an inability to override with modifier 59 as Medicare is considering to pay only for the lowest code and decide not to pay for the other codes. This will create further appeals, which may not be worthwhile, as it will create too many problems. Even though this may not be a strategic issue for you, it is extremely important in providing care. To override this, providers will be calling patients to return on multiple occasions or they may just stop doing the procedures or billing them, which can result in a loss to the providers.

- 2) The 3 codes describing intraarticular joint injections (20600, 20605, 20610) include multiple interventional pain management codes. Similar to trigger point injections as shown above in column 2 with modifier 1 which is allowed, we are facing multiple issues with it as they are not being allowed. These include CPT 64400, 64402, 64405, 64408, 64410, 64412, 64413, 64415, 64416, 64417, 64418, 64420, 64421, 64425, 64430, 64435, 64445, 64446, 64447, 64448, 64449, 64450, 64505, 64508, 64510, 64517, 64520, 64530, 64550, 64553, 64718.

As you see, these codes describe multiple nerve blocks and the same situation will arise, such as treating the cervical spine and lumbar spine together, reducing access and increasing costs. and sometimes even reducing the access and With physicians leery about these issues, they will not bill and will forego multiple appeals.

- 3) The injection procedure for hip arthrography without anesthesia, CPT 27093, and the injection procedure for sacroiliac joint arthrography, CPT 27096, include certain codes with modifier not allowed 0. These include interventional pain management codes 64490 and 94493.

CPT 64490 is unreasonable as they belong to 2 different regions. All LCDs have limitations for 2 separate regions. Thus, a patient presenting with hip or sacroiliac joint pain may also present with cervical or thoracic problems, in which case we cannot offer a cervical facet joint injection. Unfortunately these also cannot be overridden by a modifier.

In a worst case scenario, a patient may also have sacroiliac joint problems in association with lumbar discogenic or facet joint problems. This also applies to hip problems with CPT 64493.

Further, under modifier 1, there are additional codes which result in reduced access. Those included which may be utilized by using a modifier are 62310, 62311, 62319, 64400, 64402, 64405, 64408, 64410, 64412, 64413, 64415, 64416, 64417, 64418, 64420, 64421, 64425, 64430, 64435, 64445, 64446, 64447, 64448, 64449, 64450, 64479, 64483, 64505, 64508, 64510, 64517, 64520, 64530, 64714, 64490, 64493. These cause the same problems as described above since carriers are refusing to waive with modifier 59, which may probably be overridden with additional appeals, but that becomes an issue. Consequently, both modifier 1 and modifier 0, column 2 codes, will cause multiple issues.

- 4) The code describing disc decompression, CPT 62287, with modifier 0 includes CPT codes 64400, 64402, 64405, 64420, 64421, 64479, 64510 which are in different regions, whereas the disc decompression code describes only the lumbar region. These should be completely removed as they belong to a separate region. This, again with other codes, we feel are multiple issues that increase utilization by requiring multiple visits, thus affecting patient access.

Preferably, these should be moved out completely, even if you do change them to modifier 1 with allowed status, due to the problems we are facing with everyone.

- 5) For CPT 62290 lumbar discography, 0 modifier not allowed includes 62310, 62318, 64400, 64402, 64405, 64408, 64410, 64412, 64413, 64418, 64420, 64421. All these codes are misplaced as they belong to 2 separate regions. Consequently, they should be

removed completely rather than including modifier 1, which again causes problems with appeals, etc.

In the modifier allowed section, code 62311 may be deleted as this service is provided to avoid post operative complications with significant pain problems when discography is positive.

The same problems as described above will be faced with the separate regions issue with multiple appeals and their denials which include without modifier codes which are not appropriate including 62311, 62319, 64449, 64450, 64479, 64483, 64493, which describe procedures performed in the lumbosacral region. Thus, these conflict with the 2 region rule and consequently should be removed from this section.

The same issues as described above will be faced in managing patients with 2 region issues; thus, these should not be moved to the modifier allowed section as there are multiple issues related to modifier, their acceptance, and multiple appeals. These factors may reduce the access and increase the cost because of the multiple visits being planned.

- 6) CPT 62291, which describes cervical discography, includes no modifier codes for lumbar region which is not appropriate, including 62311, 64449, 64483.

Thank you once again for your consideration. Please look into these concerns and consider revising appropriately. Left as it is, this will affect patient care significantly, along with access. Additionally, it is very likely this will increase program costs since it will cause physicians to begin bringing in patients on different occasions to do different procedures.

If you have any questions, please feel free to contact me.

Sincerely,

Laxmaiah Manchikanti, MD

Chairman of the Board and Chief Executive Officer, ASIPP and SIPMS
Medical Director, Pain Management Center of Paducah
Associate Clinical Professor
Anesthesiology and Perioperative Medicine
University of Louisville, Kentucky

2831 Lone Oak Road
Paducah, KY 42003

Phone: 270-554-8373 ext. 101
Fax: 270-554-8987
E-mail: drm@asipp.org

LM/den

To view some of Dr. Manchikanti's publications go to:

<http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=search&db=pubmed&term=manchikanti>

"There are two duties incumbent upon any man who enters on the business of writing: truth to the fact and a good spirit in the treatment." *Robert Louis Stevenson*

"There is no limit to what a man can do or where he can go if he doesn't mind who gets the credit." *Ronald Reagan*